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ABSTRACT

This report, devoted to the ethnographic study component of the Child and Family Resource Program (CFRP) evaluation, consists of three major sections. The first section outlines the rationale for employing ethnographic research in evaluating the effects and effectiveness of CFRP and describes study methodology, including examinations of the research design and questions, case selection and recruitment, and data collection procedures. The second section presents five case studies of sites in Jackson, Michigan; Las Vegas, Nevada; Oklahoma City, Oklahoma; St. Petersburg, Florida; and Salem, Oregon. Although far from being homogeneous, these case studies cover common topics concerning different facets of the program: assessment, goal setting, home visits, center sessions, and program activities. The last section is composed of two chapters which attempt to draw broader lessons from the detailed site reports. The first of these chapters summarizes common features of program operation across sites and highlights some of the main differences among programs. The second chapter identifies a set of common problems faced by programs and their staffs in deciding where to spend energy and allocate resources. Appendices to the case studies are provided at the end of the report. (MP)

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THE CULTURE OF A SOCIAL PROGRAM: AN ETHNOGRAPHIC STUDY OF THE CHILD AND FAMILY RESOURCE PROGRAM

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November 16, 1981

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We wish to acknowledge the valuable assistance that the directors and staff of the five CFRP sites have provided in the implementation of the ethnographic study. The eight families in each site who participated in this study and the staff assigned to work with them deserve special recognition. They gave generously of their time and made themselves available to our site staff for interviews and observations during the six-month data collection period. They provided invaluable insights into what it means to participate in CFRP and the challenges that family workers face.

Special thanks go to the director and staff of the Bismarck CFRP for welcoming our staff for a one-week orientation and training session. Our visit to Bismarck provided us with a common perspective about the functioning of the program to carry to the diverse sites studied.

We also wish to thank the National Advisory Panel for their guidance and assistance, particularly in the design and report-writing phases of this component study--Dr. Walter Allen, Dr. Tony Bryk, Dr. Jessica Daniel, Dr. Frank DiVesta, Ms. Kathryn Hewett, and Dr. Luis Laosa. In addition, we were fortunate to have Dr. (Ruth) Ann O'Keefe, former director of the CFRP Demonstration, as an ad hoc member of our panel.

Finally, we would like to acknowledge the work of Abt Associates Inc. staff and consultants who played major roles in the design and implementation of the ethnographic study and in the preparation of this report. Special thanks go to Dr. Lynell Johnson, former director of the ethnographic study, who skillfully guided this component from initial design through the six-month data collection period. His managerial skills, the high standards he set, and the team approach he adopted in implementing the ethnographic study contributed significantly to the overall success of this effort. He is the author of the methodology chapter. We also wish to acknowledge the work of Dr. Robert Herriott who provided guidance in the design and implementation of this study.

In late spring, Dr. Jeffrey Travers took over as director of the ethnographic study when Dr. Johnson joined another firm. Dr. Travers helped coordinate the preparation of the five ethnographies by on-site staff, analyzed and synthesized across sites the rich materials contained therein, and identified a set of implications for federal policy. He is the author of the introduction and the two concluding chapters of this volume.

Nancy Irwin is another staff member who played a key role in the preparation of this report. She edited with great skill first and second drafts prepared by the ethnographers, working tirelessly to shape and refine the five ethnographies. She is a contributing author to Chapter 8.

Special thanks go to the five ethnographers--Sue Lurie, M.L. (Tony) Miranda, Vera Vanden, Ellen Robinson, and Carol Wharton--who made the ethnographic study a reality. They approached their work with great enthusiasm, energy, and commitment. With great professionalism, each ethnographer rose to the challenge of putting ethnographic principles into practice. This report reflects the work they undertook over the past year.

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Marrit J. Nauta
Project Director

1.0 INTRODUCTION

1.1 Why Ethnography?

So often, at the end of a costly and painstaking "outside" evaluation of a social program, both the staff and those served by the program complain that the evaluators have missed the point, failed to see or report about what the program "really does." Sometimes this complaint is a defensive reaction to an unfavorable evaluation, but often it is voiced even when the findings are positive. Evaluators themselves frequently share the uneasy feeling that their carefully collected data somehow fail to convey the texture of a program--the day-to-day experiences of participants, the subtle but sometimes profound changes in their outlook and behavior, or, on the other hand, the circumstances and events that breed frustration and failure.

Yet evaluators, at least those who conduct large-scale independent studies of federal demonstration programs, are likely to feel that they have little choice but to seek "hard data" on measurable aspects of programs that lend themselves to statistical analysis. How else, it is sometimes asked, can programs be "objectively" described and compared? A few well-told stories of individual success might catch the attention of a reporter or a Congressman, but program managers in the mission agencies need and demand quantitative information in order to make and justify their decisions about funding, staffing, training, operating guidelines and the like.

In recent years, however, there has been growing recognition that numbers are not enough. Interestingly, "hardnosed" methodologists such as Lee Cronbach and Donald Campbell recently have been among the most outspoken in pointing out limitations of quantitative methods and the need for more flexibility in data collection and analysis.

Limitations of quantitative analysis arise for several reasons. Social experiments and demonstration programs are often so complex and "messy" that experimental designs and statistical analyses are seriously compromised, leading to ambiguity and controversy rather than clarity and consensus when results are published. The kinds of measures that are most susceptible to quantitative treatment cover only a narrow range of program outcomes. Perhaps most important and least widely recognized, questions of concern to policy makers and program managers are not always best addressed by quantitative information or experimental designs. For example, questions about what kind of training to provide staff may be answered more clearly by a qualitative account of the staff person's daily functioning than by a quantitative study linking amount of training to outcomes.

No one, of course, is advocating that experimental designs and quantitative methods be abandoned. They are indispensable for answering certain types of questions. A controlled experiment, for example, is still the most convincing way of determining whether or not a well-defined treatment or program causes a desired outcome.

What has been recognized is that qualitative information on the program's operations can provide additional insights that are also indispensable. A qualitative account can help evaluators understand why a program produced or failed to produce the desired effects: Was the program properly implemented? Were staff appropriately trained to deliver the services envisioned by the program's designers? Were clients receptive or resistant to the approach taken? How did the program change from the original blueprint in response to early experience? Did people in the control group receive services from other agencies that may have duplicated some of the program's effects and thus reduced treatment-control differences? This kind of information can help evaluators and program managers draw lessons from the program's experience to guide future action, which is the essential goal of evaluation research. To know whether a program worked without knowing why is rarely enough. Programs can succeed for reasons that have little to do with wider application, for example because a few extraordinarily talented or energetic individuals make a poor design work anyway. And there are often useful lessons to be learned from failure--lessons about practices to avoid and unforeseen obstacles to be overcome. Qualitative information can also yield insights into unintended outcomes of programs, such as displacement or distortion of existing service delivery systems and informal sources of support, such as friends, neighbors and the extended family.

It has also been recognized that qualitative information does not have to be subjective and unsystematic. In anthropology and other social sciences there is a long tradition of disciplined qualitative inquiry. Techniques have been developed for recording and cataloguing observations of behavior, filtering and cross-checking subjective impressions and absorbing the world-view of a culture while retaining the perspective of one's own culture and academic discipline. Collectively these techniques are the tools of ethnography. These tools have begun to be used, to varying degrees and in various combinations in program evaluation.

The Child and Family Resource Program (CFRP) is a paradigmatic example of the kind of social program that can best be evaluated through a judicious mix of qualitative and quantitative approaches. Why this is so will become clearer in the overview of the program and its evaluation, presented below.

1.2 CFRP and the Evaluation

CFRP, a demonstration program attached to Head Start, provides services to low-income families with young children. CFRP was initiated in 1973 by the Administration for Children, Youth and Families, as part of Head Start's Improvement and Innovation planning effort.

The demonstration operates in eleven sites and is designed to develop models for service delivery which can be adapted by different communities serving different populations. Each program receives approximately $155,000-$170,000 per year to serve from 80 to 100 families.

As part of Head Start, CFRP has the primary goal of enhancing children's development. The program represents an innovation within Head Start in three important respects.

First, it serves the child through the family rather than serving the child in isolation. It is premised on the belief that the best way to promote and sustain the child's growth and development is by supporting families and helping parents become more effective caregivers and educators.

Second, unlike Head Start, which focuses on the preschool years, CFRP serves families with children from the prenatal period until the children reach age eight. It strives to provide developmental continuity by serving children throughout the early stages of their growth. This is accomplished through three program components:

- an infant-toddler component serving parents and children in the prenatal-through-three age range;
- Head Start itself for families with three- to five-year olds; and
- a preschool-school linkage component to ensure smooth transition from preschool to the early elementary school grades.

A third feature which distinguishes CFRP from Head Start is its emphasis on a comprehensive assessment of each family's strengths and needs and the development with the family of an individualized plan for services to be obtained through CFRP. The CFRP treatment thus is not the same for all families enrolled in the program; it depends to a large extent on their individual needs. In addition to functioning as a family-oriented child development program, CFRP has as one of its mandates to reduce fragmentation and gaps in the delivery of services by existing community programs and agencies.

The effects and effectiveness of CFRP are being assessed through a longitudinal evaluation which began in October 1977.* The initial design for the evaluation consisted of three distinct but interrelated component studies--the program study, the impact study, and the process/treatment study. They address the following four objectives:

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*The current evaluation was preceded by two other studies of CFRP, both also funded by ACYF. The first, conducted by Huron Institute in 1974-75, was an effort to determine the feasibility of a summative evaluation of CFRP. A formative evaluation of CFRP was also undertaken in 1974-75, by Development Associates Inc.; a follow-up study was conducted by the same contractor in 1975-77.

(a) to describe CFRPs and their operations;

(b) to identify program models;

(c) to link family outcomes to participation or non-participation in CFRP; and

(d) to link family outcomes to particular aspects of CFRP treatment (characteristics of staff and program) and to family characteristics.

The program study is designed to paint a comprehensive picture of the operations of CFRP. Information collected during site visits and in interviews with program staff has been used to develop profiles of program implementation and to identify models of certain aspects or operations of the program. The program study has established a descriptive context for the statistical and analytic findings of other components of the evaluation.

The impact study examines the effects of CFRP services on families and children. Program impact is assessed by comparing CFRP families with a group not enrolled in the program. This study is being carried out at five of the eleven CFRPs, chosen on the basis of their ability to recruit the requisite number of families for the impact study.* Families entered the evaluation when they had a child less than one year old and were randomly assigned either to CFRP or to a control/comparison group. The major focus of the evaluation has been CFRP's three-year infant-toddler program. This emphasis will shift when children enter Head Start and subsequently enroll in elementary school.

The process/treatment study focuses on the CFRP families who participate in the impact study. This study is designed to explore relationships among characteristics of families and staff, interactions between staff and families, services provided, family participation in program activities, and program impact.

A fourth component--the ethnographic study--was initiated in fall 1980 to provide a deeper understanding of how CFRP works with individual families and functions as a child development and family support program.

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*The impact study sites are: Jackson, Michigan; Las Vegas, Nevada; Oklahoma City, Oklahoma; St. Petersburg, Florida; and Salem, Oregon.

The rationale for employing ethnographic research in evaluating the effects and effectiveness of CFRP is presented below.

1.3 Ethnography and CFRP

During the first few years of the CFRP evaluation it became clear that important aspects of the program's relationship to families were not being captured by our data-gathering techniques. The quantitative approach being used in the impact and process-treatment studies might provide a good deal of useful information, but the programs, the evaluators and ACYF all agreed that something more was needed. A little thought about the fundamental characteristics of CFRP suggested that it was the kind of program for which supplementary use of qualitative techniques might be most revealing.

Qualitative techniques are least necessary and illuminating when a program delivers a rigidly controlled, precisely specified treatment, within a precisely specified time frame, to a precisely specified target population in order to achieve a precisely specified set of objectives. Under these (almost purely hypothetical) circumstances, it may be reasonable for evaluators to treat the program as a "black box" which clients enter and leave, appropriately transformed or not, as the case may be. The only question of interest in evaluating such a mythical program is "Did the black box do its work?" If so, build more of them. If not, abandon the design or modify it and try again. (Even in this hypothetical case, the black box approach ignores possible unintended consequences.)

The black box approach is probably not appropriate for any social program; in the case of CFRP it could not be further from the mark. "Treatments" in CFRP are not rigidly specified and tightly controlled. They vary, by design, from site to site in response to local needs and resources. They are individualized from family to family within sites, again by design, in order to meet families' needs and capitalize on their strengths. Treatments are not confined to a fixed time frame; the period of program participation depends on the family's desire to participate and on the ages of the children in the family. The target population is specified in a general sense, by Head Start's eligibility criteria and again by the ages of children, but individual programs have considerable latitude in recruitment practices, and there is enormous variation from site to site in the ethnic and age composition of the participant groups, as well as employment, family structure and a host of other characteristics. The objectives of the program also are specified in a general way by national guidelines, but vary in concrete detail from site to site and from family to family. To ignore this variation--to refuse to look at the intricate mechanism inside the black box--would have meant risking complete misunderstanding of the program.

It is for this reason that the evaluation staff at Abt Associates, in consultation with ACYF, added the ethnographic study as a fourth component of the evaluation design. The study employed five trained ethnographers, one at each of the sites included in the impact study. Each ethnographer spent six months observing the program's staff and seven to nine of the families served. The ethnographers' task was to describe the operation of the program, not as seen from the perspective of ACYF or of local program administrators, but as actually lived by staff and families. Our hope was that the intimate familiarity and detailed description that are possible only in a study of this type would teach us about unexpected, complex, subtle or intangible program effects that were not captured by our quantitative outcome measures and would help us understand why and how the program works or fails to work for different types of families. We think this hope has largely been fulfilled.

1.4 Organization and Purpose of This Report

This report has three major sections. The first, which outlines the rationale and approach of the study, consists of this Introduction and a chapter on Methodology. Because the use of ethnographic techniques in evaluation research is relatively new, there are no established procedures for going about such work. The methodological chapter describes in some detail what was done for purposes of this evaluation, in the hope that our experience may be of interest to others who may wish to use ethnographic techniques in future evaluations.

The second major section presents the five site case studies of Jackson, Michigan by Carol Wharton; of Las Vegas, Nevada by M.L. (Tony)

Miranda; of Oklahoma City, Oklahoma by Sue Lurie; of St. Petersburg, Florida, by Vera Vanden; and of Salem, Oregon by Ellen Robinson. The reports for the most part are not ethnographies in the traditional sense--that is, descriptions of local cultures in their own terms. They are case studies based on ethnographic data but designed to provide information relevant for program evaluation. Therefore, they cover common topics having to do with different facets of the program--assessment, goal setting, home visits, center sessions, and so forth. They are far from homogeneous, however. They reflect the diversity of the sites and the distinctive perspectives and styles of the five independent professionals whom we were fortunate enough to hire.*

The third major section comprises two chapters which attempt to draw broader lessons from the detailed site reports. The first of these summarizes common features of program operation across sites and highlights some of the main differences among programs. The second identifies a set of common choices faced by programs and their staffs in deciding where to spend their energies and allocate their resources. This chapter shows how each local program and each family's experience are shaped by those choices.

The purpose of this report is not to make summary judgments of the worth of CFRP or of individual programs. Readers may draw their own conclusions, but they will not find global judgmental statements of this kind here. CFRP is a demonstration linked to Head Start. CFRP's function is to explore novel program approaches and thereby to inform future Head Start policy. Insofar as we make judgments, they bear on practices, not programs. Our purpose is to identify aspects of the CFRP experience that might have a bearing on future policy--practices that have worked or failed, clues as to what practices work best with what families, hints about staff selection, training, recruitment and motivation of families, special needs that must be met and problems that must be solved. Our data base is incomplete, since final data from the outcome and process-treatment studies have yet to be collected and analyzed. Conclusions in the present volume are limited to those that can be drawn from the ethnographic study alone, and they must be viewed as tentative until all of the study's data are integrated.

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*Programs were given an opportunity to respond to drafts of the case studies via written comments. Only two programs--Oklahoma City and St. Petersburg--did so. The Oklahoma City commentary pointed out some factual errors which have been corrected in the case study. The St. Petersburg commentary is appended to the case study.

2.0 METHODOLOGY

When Ruth Benedict, the pioneer anthropologist, first faced the prospect of ethnographic work in the field, she realized that she knew everything she needed to know about such work--except what to do. Benedict's studies under Franz Boas--a pioneer of an earlier generation--had given her an invaluable perspective on culture and its interpretation. But neither Boas nor any of Benedict's other professors had ever bothered to tell her what it is that ethnographers do in the field.

When an ethnographic study of CFRP was proposed, we--the Abt Associates staff members who were to direct the study--found ourselves in a similar position. We knew what ethnographic research methods were all about, but we had very little idea of how they might be employed effectively within the context of a program evaluation. We could only speculate as to the problems we might face as we went along. During that early period we wished for a detailed methodological report of a similar study so that, if nothing else, we could profit by someone else's mistakes. If any such report existed, we did not find it. The closest thing to it was a book by Michael Quinn Patton on Qualitative Evaluation Methods (Beverly Hills: Sage Publications, Inc., 1980); however, even that--as helpful as it was--did not offer a step-by-step description of what to do and how to do it. We agreed among ourselves that when the time came for us to write a final report on the ethnographic study we would include a detailed methodological chapter, so that others could profit by our mistakes, as well as our successes. This chapter represents the fulfillment of that agreement.

Because there was no one around to tell us how to plan and conduct an ethnographic study, we had to learn by doing. So the description of our methodology--the story of the study--becomes an account of the problems we faced and the ways in which we solved them. (In all fairness, it should be said that Bob Herriott, who had had some experience with this kind of study and became a valued consultant, did help us steer clear of some of the most serious potential pitfalls.) The description begins with how and why we decided to do an ethnographic study in the first place, the objective and the perspective of the study. The research design employed and the research questions that would provide the focus for the study are then presented. The chapter goes on to discuss the processes of recruitment of ethnographers and orientation of the researchers to CFRP and the study. Following a generally chronological organization, the chapter then treats the phases of initiation and assimilation, case selection and recruitment, and data collection. Research management and reporting procedures are described in a separate section. The chapter ends with a brief list of conclusions.

2.1 Objective

The idea of an ethnographic component of the CFRP evaluation first arose in January 1980, at a meeting of the advisory panel for the evaluation. It was proposed by Esther Kresh, our Government Project Officer, who expressed the view that so far in the evaluation we had gathered much valuable information, but had somehow failed to capture the essence of the program itself. In the discussions that ensued, at the panel meeting and during the following months, it was agreed that the objective of the proposed study would be to develop holistic descriptions of CFRP relationships with, and provision of services to, selected families and their children. The focus would be on process. In simple terms:

- What happpens in CFRP--not so much in the long-range sense of effects as in the everyday sense of events? What is the nature of the CFRP experience for client families and their children?
- To what extent, and in what ways, do CFRP staff emphasize child development in their work with families?
- To what extent, and in what ways, do CFRP staff work to increase families' independence of CFRP and other agencies and their ability to cope with their life situation?
- How do family characteristics, child characteristics, and staff characteristics interact to alter--and to enhance or hinder--the workings of CFRP?
- For what kinds of families does CFRP work particularly well? What kinds of families are not likely to be served, or are likely to receive minimal services (or to participate at a minimal level)?

- What kinds of program approaches work well for what kinds of families?

The objective of the ethnographic study is made more clear when it is contrasted with the other component studies which have made up the CFRP evaluation. The purpose of the experimental impact study is to compare outcomes for children and families randomly assigned to CFRP with outcomes for children and families randomly assigned to a control/comparison group. The purpose of the process/treatment study is to examine associations within the CFRP sample among: family and child characteristics, needs, and level of program participation; staff characteristics and program services; and selected outcome variables. However, neither study is designed to offer a fully satisfactory accounting of what it is that happens within CFRP to bring about changes (if any) for what kinds of families.

Patton, in Qualitative Evaluation Methods, offers a checklist of situations in evaluation research when qualitative methods may be called for. Among the situations are included the following:

- a need for information about what program staff do, what services are provided to clients, and what clients experience;

- an interest in the internal dynamics of programs, in program processes;

- a program emphasis on individualized outcomes;

- an interest in the variations among clients and programs;

- a need for information about certain types of client cases, including successes and failures; and

- an interest in developing a "grounded theory" of program effects derived from a holistic picture of the program.

Patton suggests that whenever one or more of these conditions hold (as in the CFRP evaluation) some qualitative data collection is probably appropriate.

The CFRP program study was essentially a qualitative study, in that it was not quantitative (as were the impact and process/treatment studies). Its purpose was to develop a comprehensive picture of the operations of CFRP programs across the country--so it did address the question of what goes on within CFRP. However, it did so mostly at an organizational level--or, at best, at an aggregate level, for children and families in general. Further, it tended to adopt the perspective of program staff far more than that of families. What did not come clear was the quality of CFRP as experienced on an everyday (or every-week or every-month) level by individual children and their families.

2.2 Perspective

The ethnographic approach to data collection and interpretation was considered to be uniquely well suited to the objective of the proposed study. Ethnography, most directly translated, means "writing about culture." Culture may be thought of as the ideas and beliefs, customs, and typical behaviors ("folkways") of any group. We began to see that the "holistic descriptions" mentioned above as the end product of the study would be ethnographies of a sort--written descriptions of the "cultures" of CFRP, the ideas and beliefs, customs, and typical behaviors of CFRP staff and families--although it was not intended that they be genuine ethnographies in the classical sense of the term, as will be clear from the discussion that follows.

In spite of the appropriateness of the ethnographic perspective to our objective, we realized that there were limitations on the extent to which an idealized model of ethnographic work could or should be implemented within the proposed study. For example, ethnographic research is most commonly carried on by cultural anthropologists. In most cases, this means that someone from outside the cultural system under study lives and participates in that cultural system for an extended period of time, gathering data in a variety of ways, then interpets those data in narrative form. There are two primary reasons why this outsider's (etic) viewpoint is maintained: (1) The anthropologist is often interested in an alien culture. (2) Such a viewpoint is considered to be objective, to allow the anthropologist to "see the culture whole." Nevertheless, the anthropologist is always endeavoring, as far as possible, to grasp the insider's (emic) view. In the ethnographic study of the CFRP evaluation, the data gatherer would not be completely a cultural outsider: that is, the researcher would be a person who shared language, nationality, and--to some degree--folkways with the subjects of the study. Yet it was important that the ethnographer be able to maintain appropriate objectivity. Further, to the extent that the researcher was lacking in experience of the CFRP milieu and of the lifestyle of CFRP-eligible families, he or she would be an outsider--and would have to work at developing empathy and the emic view.

A second primary characteristic of ethnographic research is that it is comparatively atheoretical in its approach to data gathering. That is, it is common for an anthropologist to spend a considerable period within the cultural system under study before even deciding what research questions may be of interest. This would not be the case with the CFRP ethnographic study. Resource constraints precluded the possibility of this sort of unplanned, unstructured data collection. In any event, such an approach would have been quite out of place. One reason why the anthropologist ordinarily approaches his/her task this way is a lack of prior knowledge of the culture. We knew a good deal--in general--about the CFRPs at the impact study sites, and about the children and families they were serving. Therefore, the data gathering process would not need to be nearly so unplanned and unstructured as is usually the case with ethnographic research. Nevertheless, it was clear that the on-site ethnographer must be allowed considerable freedom in interpreting data collection objectives and choosing fruitful approaches. Thus, while the ethnographic study might be more structured and more tightly controlled than is usual with anthropological fieldwork, it would be considerably less so than we were accustomed to in other parts of the evaluation.

2.3 Research Design

As the Abt Associates staff member who would ultimately have direct responsibility for the ethnographic study, I began to draft a plan for the study. I worked off and on during the months between January 1980, when the idea was first proposed, and June 1980, when our advisory panel again met. At the June meeting, the plan was revised and approved and a research design took shape.

It was agreed that the ethnographic study would be mounted at the five sites where the impact study of the CFRP evaluation was being carried on: Jackson, Michigan; Las Vegas, Nevada; Oklahoma City, Oklahoma; St. Petersburg, Florida; and Salem, Oregon. The CFRPs at those five sites had become the major focus of the evaluation. At each site, an ethnographic researcher would spend half-time for six months gathering data on the CFRP experience of eight families and their children. It was considered that six months was a minimum period for anything that could legitimately be called ethnographic work. The small "sample" size was deliberately chosen, reflecting an understanding that in contrast to survey research, which usually calls for the collection of relatively small amounts of information on relatively large numbers of people, ethnographic research calls for the collection of a great deal of information about a few people. If the quality of the CFRP experience was to be captured, it would have to be at this individual level. Further, it was accepted that the findings of the ethnographic study would not be generalizable in any statistical sense. Thus, many of the issues ordinarily pertinent to sample selection in experimental research--randomization, for example--did not pertain. On the other hand, it was clearly not desirable that the families selected for study be atypical. The question was: Of what types should they be typical?

Discussions with CFRP staff members from across the country during site visits and at a national CFRP meeting in Washington, D.C. in the spring of 1980 suggested that the following types of families were in fact viewed as being differentiated by need and as requiring differential program approaches: families with single nonworking parents; families with single working parents; two-parent families; and families with teenage mothers. These classifications were to serve as the initial basis for decisions with respect to case selection. (Originally we conceptualized an additional category of "multi-problem/high-risk" families which would cut across these types; in fact, in Jackson and Salem several such families were explicitly chosen for the study. However, It gradually became clear--once the ethnographers were in the field--that this was not so much a category as a continuum. Nevertheless, some reference to families characterized in this way will be found in the chapters that follow.)

It was understood from the beginning that it would not be feasible to attempt to achieve equal representation of these family types at each of the five sites, as the types were not at all evenly distributed. For example, we knew that there were more teenage mothers in the Las Vegas CFRP than elsewhere, and that the Las Vegas program addressed itself explicitly to the special needs of this group of families. This suggested that even if it were possible to achieve equal distribution of all types at all sites, it would be disadvantageous, in that this would obscure the special ways in which the various CFRPs served certain types of families. An alternative approach would have been to nest type within site, to study a given type of family only at one "ideal" site. The disadvantage of this approach was that it would be only very narrowly representative, and that the findings of the study would be totally site-specific.

The distribution of family types we finally arrived at is represented in Table 2.1; it was something of a compromise between these alternative approaches. It took advantage of the fact that some programs had a substantial proportion of CFRP families of certain types, yet in every case provided for a small comparison group of the same type at another site. There was some question as to the ability of CFRP to serve families with single working mothers effectively, so it was considered desirable to examine this population at the greatest number of sites possible. On the other hand, it was decided that the largest proportion of selected cases overall would be families with single nonworking mothers, representing the great majority of CFRP families.

With respect to ethnicity, the nature of the CFRP population--overall and at each site--precluded anything like proportional representation of ethnic groups within types. However, the distribution shown corresponds closely to the ethnic proportions in the CFRP population overall at the five sites.

Table 2.1

Planned Case Distribution

		Type				
Site	Ethnicity	Single Nonworking	Single Working	Two-Parent	Teenage	
Jackson	Black	--	--	2	1	3
	White	--	--	4	1	5
Las Vegas	Black	--	--	--	5	5
	Hispanic	--	--	2	1	3
Oklahoma City	Black	6	2	--	--	8
St. Petersburg	Black	2	6	--	--	8
Salem	White	6	2	--	--	8
		14	10	8	8	40

It was understood, of course, that there would be considerable variation in family characteristics, needs, and interactions with CFRP within family types. In fact, because we were interested more in broad representation of the CFRP experience than in generalizability, we decided to seek out variation. Thus, we agreed that at each site the cases selected should include: new families, more experienced families, and veteran families; successes, partial successes, and dropouts; active participants in CFRP, and occasional participants. Within the various family types, we also wanted variation on such dimensions as marital experience, child-rearing experience, the father's involvement with the child, employment experience and preference, extended family relationships, and life situation. We did agree that all families selected should include a child of infant/toddler age, as the infant/toddler component of CFRP is the element which distinguishes it most clearly from an ordinary Head Start program.

2.4 Research Questions

The last step in preparation for the ethnographic study was the elaboration of a set of research questions. This involved translating the general questions listed above (in Section 2.1) into much more specific ones for the purposes of the ethnographic researchers. Among the questions guiding the work of each researcher with each family would be the following:

- What are the family's distinguishing characteristics? What are their special problems and needs? What do they do especially well? How do they feel about their situation?
- What is the quality of intra-family interaction, in the extended family as well as the nuclear family? How do family members feel about themselves and about each other?
- What is the quality of parent-child interaction in this family? How much time do the parents spend with their children? How do the parents feel about the parenting role?
- How did (and does) CFRP find out about this family's needs and their perceptions of needs? What was the assessment process like? What kind of role did the family play? How is information on needs kept current? From the viewpoint of the family, how accurate is the staff's perception of their needs?

- How much does this family participate in CFRP activities? How often does the CFRP family worker conduct a regular home visit? How often does the mother attend a parent education session or other center activity? How often is (are) the child(ren) at the center? How often do other family members visit the center? What other kinds of contact does the family have with the program?

- What goes on during home visits to this family? How much time is spent working with the child? with the mother? with the mother and child together? with other family members? How much attention is devoted to family needs? How are these visits viewed by family members?

- How good is the "match" between the CFRP family worker and the family? Do they "connect" effectively? Is this primarily a matter of ethnicity? of personality? How important are differences in age? in educational level? What kinds of interactions does the family worker have with family members other than the mother and child(ren)? What kinds of interactions do family members have with other CFRP staff? How are these interactions viewed by family members and staff?

- When the mother attends center sessions, how much does she participate in discussion and activities? What about the participation of other family members? What is the quality of the child(ren)'s participation in center sessions? How are center sessions viewed by the family?

- What kinds of counsel do CFRP staff give the parents or other family members on dealing with issues of parenting, family interaction, and household management? What do staff do to encourage the parents' capacity for independence and coping?

- What opportunities do family members have for interaction with other families in the program? To what degree do they take advantage of these opportunities? How do they view such interactions?

- What kinds of services does the CFRP provide directly to members of this family? Who provides them, and by what means? How do family members feel about the services they receive? How do CFRP staff work to make the family independent of program services?

- What do CFRP staff do to increase or improve access to community services for this family? How do family members feel about the help they receive from CFRP? What do CFRP staff do to enhance the family's ability to get services on their own?

As noted, it was agreed that these questions would guide the researchers' work with each family. We felt that in order to develop satisfactory descriptions of the CFRP process--the ways in which programs work with families--it would be necessary to examine the process in terms of specific families. As will be clear from the case study chapters that follow, the researchers used the data gathered by means of these family-focused questions to develop program descriptions. Further, where necessary, the focus of data collection was broadened beyond the few families selected at each site in order to address more comprehensive process questions.

2.5 Recruitment of Ethnographers

We received final approval to proceed with the ethnographic study in mid-August of 1980. Fieldwork was scheduled to begin October 1 (fortunately postponed from September 1!). That gave us roughly six weeks for the task of recruitment of ethnographers, as we planned to devote the last week of September to orientation.

We had already established a set of criteria for the selection of researchers. In the ethnographic study, as opposed to some other components of the CFRP evaluation, the data collection process would not be a simple one of sending interviewers into the field with instructions to administer a standardized interview to preselected respondents. On the contrary, the researchers would first be required to play a central role in the dual process of selecting and recruiting families for the study. For the selection part of the process they would need to exercise considerable judgment in making the compromises necessary to develop as balanced and as representative a set of cases as possible. For the recruitment part of the process they would need to exercise considerable tact and discretion in seeking to persuade the selected families to participate in the study; these same behavioral attributes would continue to be important in their ongoing work with the families and with CFRP staff during the contact phase. Thus, the ideal researcher would be sensitive to the perspectives and the particular living situations of CFRP-eligible parents, as well as to the values of CFRP staff and the problems encountered in their work, and would be able to establish effective rapport with both groups. On the other hand, we felt strongly that the ethnographer should not have had prior experience with CFRP, whether as a researcher, a staff member, or a client; this would help to ensure appropriate objectivity--the etic view.

The ideal researcher would also be flexible and imaginative in pursuing data collection goals. Instead of working with standardized interview instruments, or even with more open-ended interview guides, the researcher would be given a guide for writing reports, including a list of general things we wanted to know about each family and about how CFRP worked with them. These lists would be based on our general and specific research questions. It would be up to the researcher to interpret these data collection goals and employ appropriate methods.

This description of "the ideal researcher had several implications. For example, it suggested the preferability of female researchers, given the need to establish rapport with parents and to spend a good deal of time with them--and the fact that these parents would be mothers. Similarly, it underscored the desirability of an ethnic match between the researcher and the majority of families at each site--specifically, of black researchers for Oklahoma City and St. Petersburg and a black or Spanish-speaking researcher for Las Vegas. More broadly, it suggested that we would look for experience with and attitudes toward the CFRP-eligible population, as well as knowledge of child development, family functioning, and social service programs. It was taken as given that the researchers should have had training and experience in in-depth interviewing and in observational techniques.

We knew what we wanted in our researchers; the question was how to find them. For practical reasons, we decided to focus our search on the geographic area in which each of the five CFRPs was located. Given the brief duration planned for the contact phase of the study--six months--we wanted to hold acculturation time to a minimum. Further, the fact that the job would only be half-time meant that it would not be worth anyone's while to move into the area for this period. This geographic constraint suggested that local media be employed in advertising for recruits. An advertisement was placed in the largest-circulation edition of a major newspaper at each of the five sites; in most cases this was a Sunday edition. At each of the three sites where we planned to include mostly minority-group families in the study--Las Vegas, Oklahoma City, and St. Petersburg--the advertisement was also run in a newspaper that enjoys wide circulation in the black community. Rates of response to the advertisement varied widely from site to site; we received no responses in Jackson or Las Vegas, 16 each in Oklahoma City and Salem, and over 30 in St. Petersburg.

The salient elements in the ad, aside from such details as the duration of the job and where to send responses, were these: (1) We called for a "researcher." (2) We said that the study would be "ethnographic." (3) We stated such requirements as knowledge of child development, family functioning, and social service programs, as well as "strong writing ability." I hoped that the second element would serve as a kind of screen, and that most of the people who applied would have at least some idea of the meaning of "ethnographic." This did not serve very effectively, particularly in St. Petersburg, where many applicants attended primarily to the point about "writing ability"; we received several responses from newspaper reporters and free-lance writers.

We had anticipated, of course, that an advertisement in a general-interest newspaper would be unlikely to yield a large proportion of respondents who would meet our fairly restrictive criteria. Because we were especially interested in minority-group applicants, we made contact with the Oklahoma City and Tampa offices of the National Urban League; this yielded one applicant, in Oklahoma City. Because we viewed anthropological training and experience as particularly appropriate to the demands of the job, we contacted the American Anthropological Association; they sent us information on four candidates, one of whom subsequently contacted us and was interviewed. We also made contact with several prominent anthropologists and other researchers with expertise in the use of qualitative methods; without exception, these were most generous in giving of their time and advice, and they steered us to a number of strong candidates. We also made direct contact with appropriate departments of universities in the general area where each CFRP was located.

In early September, I was ready to go on site to begin personal interviews. By this time I had reviewed over 70 applications, and had been able to reject a great many because the backgrounds of these candidates were inappropriate. In all, 27 face-to-face interviews were conducted.

The interview was very much like any job interview, but a couple of points may be of interest. Once again, I attempted to use the word "ethnographic" as a screen, and in this application it worked very well. In interviews with respondents to the newspaper ad, I would often begin by asking for the meaning of the word. I heard a number of creative--and sometimes amusing--attempts to answer the question. If an applicant clearly did not know the answer, this did not signal the end of the interview: but invariably such a candidate would not meet other screening criteria as well. On a deeper level, I asked about protection of confidentiality in the research setting, and also what the applicant would do if he or she encountered a case of apparent child abuse. The answers to such questions usually indicated quite clearly the extent of the respondent's training and experience in dealing with such issues in the field. Nearly all respondents recognized the importance of such issues, but the less experienced ones had little idea of how to deal with them.

With those candidates who were recommended through universities, and who had some credentials in the field, I faced a different kind of problem. It was neither necessary nor especially useful to ask such people for the meaning of "ethnographic." Most of them passed the other screening criteria with flying colors. But I realized, especially with this type of candidate, that I was not only choosing or rejecting, but also being chosen or rejected. (I didn't take it quite this personally: Abt Associates Inc. and our study were also being chosen or rejected.) That is, I had to have the right answers to their questions. Two of the researchers who were ultimately hired had come to the interview planning to turn the job down if it was offered, although I didn't find this out until later. I was able to meet and satisfy their concerns, and on this basis they were persuaded to work with us.

In fact, all five of the researchers we hired expressed some kind of ethical concern during the interview. (I took this as a good sign: the sort of researcher we wanted would be the sort who would have such concerns.) Among these concerns were the following: (1) Would CFRP families be forced to submit to being studied because they were receiving services from the program? (2) How could an ethnographic study--which must necessarily be *descriptive*--fit into an evaluation? (3) Who would control the data--the researcher, Abt Associates, or the government? The answers, by the way, were as follows: (1) No; the researcher would have to persuade each family to participate, just as with any informant in the field; families would be perfectly free to refuse. (2) The ethnographic study would be independent of the rest of the evaluation, providing a descriptive context for understanding and interpreting the findings of other components; the researcher would *not* be asked to evaluate. (3) The government would control the data; however, the interpretation and use of the data by Abt Associates would be subject to the approval and agreement of the researcher.

Some of our researchers called members of the Ethics Committee of the American Anthropological Association to check on Abt Associates' track record. Others talked with colleagues who had worked with the company in the past. Nevertheless, a part of my job during these interviews was to build personal trust. Frankly, I had feared that I would encounter a good deal of opposition, especially from experienced anthropologists, to the idea of doing fieldwork under someone else's direction--especially if that someone was not an anthropologist. This turned out not to be the case. A relationship of mutual respect and cooperation was established early on, and was maintained throughout the study.

Some further detail on the recruiting process at each site may be of interest. In Jackson, four candidates were interviewed, one whose name was submitted by the American Anthropological Association and three who had been recommended by university contacts. Carol Wharton, one of the latter three, proved to be the best qualified. She was a doctoral candidate in sociology at Michigan State, and particularly knowledgeable in the area of family functioning; her dissertation was based on interviews with providers of services to battered women. Ms. Wharton was hired.

Only one candidate was interviewed in Las Vegas: M.L. (Tony) Miranda, Chairperson of the Department of Anthropology, University of Nevada at Las Vegas. We had contacted him for recommendations, and he said that he himself was interested. Dr. Miranda was extremely well qualified by background and experience: a highly trained anthropologist who had done fieldwork among black and Hispanic urban populations, and himself a Chicano. The potential problems of having a male researcher were discussed with administrative staff at the Las Vegas CFRP, and they indicated that their chief concern would be with the Hispanic two-parent families, especially in a situation where the father would be away during the day, when the researcher might be seeking access to the home for purposes of observation or interviewing. We proposed that Dr. Miranda work with a female research associate who would accompany him or, occasionally, sit in for him in such awkward situations, and this solution was acceptable to the CFRP administrator. It was also acceptable to Dr. Miranda, and he was hired.

A total of nine candidates were interviewed in Oklahoma City. The best qualified was Sue G. Lurie, a doctoral candidate in anthropology who had responded to our advertisement. She indicated a particular interest in family systems, women's roles, and social service delivery, and had done considerable research among Mexican blacks. I discussed with the local CFRP Director the fact that no qualified black candidate had been identified, and she agreed to the hiring of Ms. Lurie.

In St. Petersburg, there were no black applicants. Seven candidates were interviewed at this site, and only one--Vera Vanden--was genuinely qualified for the position. The matter of ethnicity was discussed with the local CFRP Director and other CFRP staff, and they appeared to be much more concerned with the candidate's age, the ages of her children, her knowledge of social service delivery in St. Petersburg, and other bases for rapport than with her racial background. They indicated that they would welcome Ms. of Florida. She appeared to be highly skilled as an applied anthropologist and ethnographer, having recently worked in a qualitative study of parental involvement in federally supported educational programs. She had also had extensive experience working among poor black families. Ms. Vanden was hired for the position.

In Oregon, two candidates were interviewed in Portland and four in Salem. All of the latter had responded to our advertisement. Among these was Ellen Robinson, who had taught anthropology and supervised ethnographic work in institutional and family settings for a number of years. Ms. Robinson was far and away the strongest candidate, and she was hired.

I consider our recruiting methods to have been highly successful, because it is clear--at the conclusion of the study--that we hired excellent people. On the other hand, while we learned a good deal about how to do it, it is not possible to set forth a systematic procedure for achieving similar success. We were lucky. The process went very smoothly, and it is remarkable that we accomplished what we did in such a short time: by September 28, 1980, we were ready to begin orientation.

2.6 Orientation

In the early days of ethnographic research, the classical fieldwork situation was one in which an anthropologist arrived on site having little knowledge of the culture to be studied. A considerable period of time, at least several months, would be spent in orientation to the culture before information about the culture would begin to be intelligible. As has been noted, in the case of the ethnographic study of the CFRP evaluation we did not have the luxury of allowing such a period of acculturation. Further, it would not have been appropriate, in that we were not so ignorant of the "cultures" to be studied as such a procedure would suggest. From the start, we shared what knowledge we had with our researchers; they were given access to evaluation reports, especially those coming out of the program study. This is precisely what now happens in anthropological work as well. These are not "the early days," and in many cases the culture to be studied has already been visited by a number of previous researchers. The anthropologist then has the advantage of being able to read their reports as part of his or her own preparation for fieldwork. There is always the danger in this, however, of mistaking another anthropologist's perspective for the emic view, and thus contaminating one's own objectivity. One of our researchers mentioned that she had become aware of the same danger with respect to our reports. They were useful as background information, but at some point she had to stop reading them, to put them aside, to be sure that she was recording and reporting what she herself was seeing and hearing. This was most appropriate, of course, because in many cases we felt that our own conclusions were extremely preliminary. Certainly they were based on much more limited direct contact with the programs than our ethnographers would have. We did not want the researchers to be concerned about the possibility of contradicting statements we had made about the various CFRPs, or about CFRP in general.

In any event, we felt that in addition to receiving copies of reports, it would be helpful to the researchers to have some direct experience with a CFRP before beginning work at their respective sites. This was especially important because we had deliberately chosen people who were not familiar with their local CFRPs. We wanted to give each of them a basis for comparison; further, we wanted to give all of them a common basis for comparison, so that the reports we received from each would be more readily comparable. We also wanted to develop a feeling of team membership. To the extent possible, we wanted to ensure that the ethnographic study would be one study with input from five sites, and not five separate studies.

It did not seem appropriate to conduct our orientation at one of the five sites to be studied. We were concerned about the danger of contaminating the site, and we also did not want the researcher from any one site to be disadvantaged by not having a basis for comparison. In considering the other six sites where CFRP is in place, we took a number of factors into account, including convenience of access from different parts of the country and the degree to which we felt the program was "typical." However, after making initial contact with program directors at a couple of sites, we decided the controlling factor should be whether we would be welcome. One call to the Director of the CFRP in Bismarck, North Dakota made it clear that we would be warmly welcomed there. We arranged to meet there the week of September 28-October 4.

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Sunday evening, September 28, and all day Monday were devoted to general orientation. Marrit Nauta and I, the two Abt Associates staff members responsible for the study, talked about CFRP and the evaluation, selection and recruitment of families, research questions, data collection methodology, management and reporting, and general procedural issues. The presentations were very informal, and evoked a lot of discussion. At the end of the day on Monday, we held a get-together for the researchers and the staff of the Bismarck CFRP. I randomly assigned each researcher to a CFRP family worker and got them together to talk. It was understood that that researcher would be assigned to that family worker, and to one of that worker's families, for the balance of the week. The researcher would interview the worker about the family, would review program records on the family, would accompany the worker on a home visit to the family, and, if possible, would observe the family at the CFRP center. The researcher's task that Monday evening, aside from getting acquainted, was to set up a schedule for the week to make sure all of this would be accomplished, and to begin gathering information about the family. Within moments, our decision to go to Bismarck had been vindicated: all the researcher-worker pairs hit it off instantly, a lot of information was exchanged in a very short time, and it was clear that we were going to get a maximum of cooperation from local CFRP staff.

During the three days that followed, each researcher focused on the CFRP experience of the family assigned to him or her. When the researcher would conduct an interview or observation, either Marrit Nauta or I would go along. The researcher would write up field notes, then we would have a one-to-one debriefing, which included feedback from me or Marrit. I felt rather awkward about this; I feared the inference that we were trying to tell well-trained people how to do their work. However, the inference was not drawn by the researchers. On the contrary, they welcomed our feedback and direction. When we asked for their feedback on the week of orientation, they reported unanimously that it had been most helpful in making them aware of the issues of concern--especially in the area of child development--and of the pitfalls to be avoided, and in sharpening their skills of observation and recording of detail. It was helpful to us, first in assuring us that the researchers were in fact attending to the data of interest, and also in making Abt staff and the researchers aware of each others' idiosyncracies. At the same time, we were forging warm relationships that would stand us in good stead during the months when the researchers were scattered out in the field and we were trying to run things from our Cambridge office.

Each evening the seven of us would gather for a group discussion of the day's activities. This was important to the development of a common basis for comparison and a common perspective, as well as a team spirit. During the first of these sessions, on Tuesday evening, the electricity in our hotel went out for an hour. We continued with our discussion, sitting in total darkness except for the light at the end of Marrit's cigarette. While it is not practical to suggest that anyone mounting a similar study plan a blackout during orientation, the fact is that shared experiences such as this draw people together and create bonds between them.

For Friday morning of that week, we had planned a session in which each researcher would present a report to the group on CFRP's work with the family he or she had been studying. When the Bismarck CFRP Director saw our agenda, she asked if CFRP staff could come to that session. They were being so helpful and cooperative that we didn't see how we could say no; so we said yes, without thinking about the problems it would cause. As we discussed this with the researchers, however, we quickly realized that the CFRP family workers would come to the session wanting and expecting evaluations of their work. This created a very awkward situation for the researchers. During the week, Marrit and I--evaluators by profession--had felt very free to express our evaluations of what we had been seeing. This seemed appropriate, and even important, because it helped to provide the researchers with a basis for comparison at their own sites, particularly in such areas as child development and parent education, where some of the researchers were less knowledgeable. However, the researchers had also begun to fall into an evaluative mode in discussion among ourselves. This would clearly not be appropriate in a report delivered in the presence of family workers.

The shift was a difficult one to make, and some of the researchers felt we should not have put them in the position of having to report in front of CFRP staff. This incident had the advantage, however, of forcing all of us to come to grips with the distinction--and the tension--between evaluation and ethnographic description. It made us evaluators aware of the fact that we should not expect the ethnographers to be evaluators. One researcher also said that it prepared them for what would happen at the end of the study, when they would be in a position of having to report on their local CFRPs in a public document that would be available to local CFRP staff. Another said that it prepared her for letting staff on site know from the start that she was not evaluating, that their requests for feedback would be met with a comment that a particular aspect of their work was "interesting," and with thanks for their cooperation. From her first home visit, when she felt like saying "That was good," she realized if she started it then she would be doing it for six months.

2.7 Initiation and Assimilation

On Saturday, October 4, the ethnographers departed from Bismarck for their respective sites, ready to begin the process of initiation and assimilation. Actually, the process had already begun. We had paved the way by making a presentation on the ethnographic study to substantial numbers of CFRP staff from each of the five sites at the meeting in Washington in May. We also sent a copy of the plan for the study to the director of each program, soliciting cooperation and help. In general, CFRP staff were highly receptive to the idea of the study. First of all, we emphasized the qualitative aspects of the research: staff members welcomed this, because many perceived the statistical data we had been gathering in other components of the evaluation as misleading and not truly representative. Second, we emphasized our desire to get their perspective--and that of the families they served--on the CFRP experience, rather than imposing our own interpretations on data we had gathered: like any human subjects, staff approved of this as well.

In addition to our prior contacts with staff, I made a point of visiting the program at each site during my recruiting trip to explain the study to the director face-to-face and answer any questions that might arise. In two cases it was possible for me to play a very direct role in

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initiation of our researchers. In both Jackson and Salem, I had scheduled my last recruiting interview--with the person I saw as the strongest candidate--just prior to my appointment with the CFRP director; thus, in each case, I was able to bring the newly hired ethnographer along with me to the meeting and make appropriate introductions. This was not possible in Las Vegas or St. Petersburg because, as noted, I had some concern about the acceptability to program staff of the researchers I wanted to hire at these sites and felt that it was essential that those concerns be laid to rest in advance; it was not possible in Oklahoma City because I was unable to complete the hiring process at this site during my initial visit. The researchers finally hired at all three of these latter sites indicated that it would have worked better if their first contacts could have been made in my company. Among other things, because we asked that they make their initial program visits before the orientation week to avoid any unnecessary delays in start-up of the study, they found themselves confronted with questions from staff which they were not really prepared to answer. In Salem, on the other hand, although Ellen felt free to answer questions about the study during our visit, I was there to lend support and dispel any misunderstanding.

In every case, the ethnographers made at least one visit to the program before orientation. We had suggested that each of them try to observe a CFRP infant/toddler session before coming to Bismarck. In retrospect, it is not clear that such an experience was likely to have much value: the shared experience of viewing and discussing such a session in Bismarck and using this as a basis for comparison at individual sites was probably more useful. In any event, our suggestion caused a problem at one site. In St. Petersburg, Vera called the program to make an appointment to observe a session. When she arrived at the center, a member of the office staff indicated that the permission of the parents attending the session would have to be obtained if she was to observe. This was obtained, but during the session Vera gradually realized she was sitting in on a kind of therapy group which is ordinarily closed to visitors--and she departed. This incident caused some embarrassment at the time, at least for the ethnographer, although it did not appear to have any permanent negative effect.

In spite of the fact that we had taken several opportunities to explain the study to the CFRP directors, the ethnographers naturally had some explaining to do as well. In Salem, Ellen met with the entire staff and described the study and her role. They were all very receptive, and were particularly interested in adding the word ethnographic to their vocabulary. On the other hand, in Oklahoma City and St. Petersburg the term caused some problems: black staff members clearly placed a special construction on the word. At one center session, a staff member said of the ethnographer, "She's doing research on our ethnic families." When the researcher was introduced as an anthropologist, another staff member said, "Oh, you're going to study our roots." With hindsight, it is obvious that not enough was done to introduce staff members to the purposes of the study and the kind of language we would be using. My own experience in the recruiting process should have prepared me for this.

The ethnographers encountered varying degrees of staff cooperation. At the positive extreme was Ellen's experience in Salem. CFRP staff always let her know when they were going for home visits with "her" families. She had her own mailbox at the center, and when a family worker would call in sick she would typically say, "Let my families and Ellen know." Ellen could call in and ask for messages. Whenever a mailing went out to families or a notice was distributed to staff, a copy would be put in Ellen's folder.

At the opposite extreme, the ethnographer at another site had to work constantly at finding out what the family workers were doing. They never got in the habit of letting her know. When they did notify her of a home visit, it was often after the fact, so it was impossible for her to go along and observe. One family worker would tell the researcher she was not planning to schedule a visit to a particular family, then would make a visit to that family without letting her know about it. Administrative staff at this site never let the researcher know about staff meetings or anything else that was going on.

The experiences of the other three researchers fell somewhere between these two extremes. One felt that CFRP staff were generally very cooperative. One was invited to staff meetings, but had difficulty finding out when home visits were going to be made; this researcher often went for visits only to have the family worker fail to show up. The third felt for some time that she was not getting much cooperation, especially with respect to being kept informed of home visits, but finally concluded that visits were simply not being made very often.

There is an additional issue here besides that of cooperation: acceptance on a human level. For example, in Las Vegas, as noted, there was some resistance to the idea of having a male researcher; this was partially alleviated by his bringing in two female research assistants. One of these fit into the program with particular ease, in that she was a black single mother with two young children. Beyond this, however, Tony himself fit right in. He quickly became "Tony" instead of "Dr. Miranda." He was casual in dress and manner, and was quickly accepted. He was always offered lunch when he was at the center, and often ate with the staff.

Being invited to eat with the "indigenous population," of course, represents a kind of symbolic acceptance of the ethnographic researcher. Each of our ethnographers had a somewhat different experience in this regard. One was invited to have lunch at the center--if there was enough food. She gradually came to feel that when she did eat at the center she was intruding on the social hour of a group of family workers who ate together there; another group usually went out to lunch. One researcher sometimes ate at the center, then discovered that most of the family workers went out. Another was often invited out to lunch with the family workers, but refused because she wanted to maintain distance, not to be identified with staff more than with families. Another ate lunch at the center regularly--but sometimes with staff and sometimes with families.

We were concerned about the possibility that the ethnographers might be perceived--especially by parents--as identified with staff. One CFRP director had predicted that our researcher would become, in effect, another family worker. And one mother asked, when she was recruited for the study, "Does this mean I'll have another family advocate?" (The ethnographer responded: "I don't know enough to be a family advocate; I'm just here to find out what goes on.") At several sites, the researcher was assigned a desk at the center. It appears that it would have been natural for parents to see the ethnographer as one more staff member. We had to trust the ethnographer to do what she or he could to avoid such identification. In general, they felt that they were successful in making their role clear. As Ellen put it: "The parents saw me as another grandma; the staff saw me as another pro."

2.8 Case Selection and Recruitment

This description of the process of assimilation of the ethnographers into the "official cultures" of CFRP necessarily has gone well beyond the point in time where they began their on-site work. At the same time that they were being initiated into those cultures, they were also pursuing the dual task of selecting families and recruiting them for the study. In order to describe that process, it is necessary to backtrack a bit, chronologically.

The work of case selection had actually been begun by us, from Cambridge. As noted, we had sent each of the five local CFRP directors a copy of the plan for the ethnographic study, including Table 2.1 (page 16)--so they knew the kind of case distribution we were looking for. By means of telephone contacts, and during my visit to each site to hire researchers, I had solicited the aid of the directors and their staffs in identifying families for the study and persuading them to participate. I had also managed to create misunderstandings in their minds as to how the task would proceed--partly because when I first contacted them I was none too certain myself. As finally developed, our idea of how the thing would work is as follows: (1) CFRP staff would furnish the ethnographer with a list of all families that met the basic criteria for cases at that particular site, specifically family type and ethnicity. (2) The ethnographer would review program records and interview family workers on all of these families, seeking variation on the dimensions listed earlier, such as length of time in program, amount of program participation, and family characteristics. (We furnished each researcher with a Family Profile Form for their use in recording relevant details on each family and for my use in getting a quick fix on the nature and distribution of the selection pool at each site.) (3) The ethnographer would rank the families in order of preference for selection, and this ranking would be reviewed and approved by me. (4) Recruitment would begin, with exact procedures at each site to be worked out between the ethnographer and the program director.

The process worked almost this way at one or two sites. At the others, it was somewhat different. For one thing, some CFRP staff wanted very much to choose the families themselves. They proceeded to complete a restricted list, only to find that we were insisting on a comprehensive list of all families that met our most basic criteria. We passed this hurdle, and then discovered that the basic criteria themselves were causing serious problems. As has been noted, we intended that the largest proportion of families in the study be headed by single women; by single, we meant a woman who was not formally married, and who was not living with a man. The difficulty with this criterion arose over the meaning of "living with." At one site, the CFRP director told the ethnographer that virtually all the women in the program had men around, and it varied from week to week whether they were living with them. As much as anything else, it appeared that the Director was concerned as to whether the ethnographer, and AAI staff, were truly sensitive to the culture of the local CFRP population. (There is an ironic note here. In setting up the design originally, we had wanted to call for two-parent families at more sites, and were told by CFRP directors that they had few or none: now it began to appear that some programs didn't have any "real" single-parent families either!) We had decided that once the ethnographers were on site I would leave family selection and recruitment as a matter to be handled between them and program staff (with my approval of their selections); however, it was necessary in this case for me to intervene with the Director. In a telephone conversation, we agreed on what "living with" would mean at this site for purposes of the study. At this site and others, it was also difficult to identify working mothers, because their employment status changed so frequently.

Next we discovered that at one site CFRP staff had gone ahead and contacted all the families on their list to find out if the parents were willing to participate. This turned out not to be too much of a problem at the outset, as they told the parents very little about the study, and it was still left to the ethnographer to explain what it was all about. However, the ethnographer did work from the program's list of "yes" responses, and later realized that some preselection had gone on; she felt that if she herself could have worked from a comprehensive list of all families that met our basic criteria she would have ended up with better representation.

We encountered our biggest procedural obstacle at a site where the ethnographer was denied access to program records on any family--until such time as she had obtained the parents' agreement to participate in the study, with accompanying permission to review records. Further, until that time she would not be permitted to interview family workers on characteristics of specific families. Understandably, the CFRP staff were concerned about protecting the confidentiality of their records and family information. However, this meant that the ethnographer was faced with obtaining permission from 50 parents--all those on the comprehensive list. The Director suggested that these parents be brought together at the center for an orientation session at which the ethnographer would explain the ethnographic study and try to get permission slips signed by as many parents as possible. The ethnographer and I discussed this suggestion on the phone, and saw at least two potential problems: (1) Mothers who were present at the meeting and were not ultimately selected for the study might be rather put out. (2) One or two vocal mothers might have negative reactions to the study, and carry the rest of the group along--a problem that was of course not encountered when each selected family was contacted individually. It appeared that it might be necessary for me to intervene with the CFRP Director to try to find a way around this obstacle. However, as it turned out, the ethnographer finally obtained permission to get some demographic information on families in interviews with family workers. This quickly pared the comprehensive list down to 15 cases or so, and the researcher was able to rank-order these and proceed with selection. At all other sites except one, the ethnographers were allowed access to family files, and in the one exception family workers answered specific questions with information from the files.

Interestingly, at those sites where our "idealized" plan for family selection was followed most closely, this did not necessarily mean that the process was more efficient or was completed more rapidly. For one thing, the task of reviewing records on a large number of families was enormously time-consuming. Further, some of our criteria for selection--in addition to those of family type and ethnicity--caused special problems. At one site, a failure in communication resulted in a number of families who did not have children of infant/toddler age being contacted and cultivated--and ultimately rejected. Part of the difficulty arose because in this program most of the families who had such children were "Abt" families--that is, they had been included in the sample for the impact and process/treatment studies--and we had agreed that we would try not to include these in the ethnographic study, partly to avoid a Hawthorne effect in the other studies. As it turned out, the ethnographer at this site was able to select a representative group without including "Abt" families, but it was at the price of much time lost. Similarly, we had decided to include a group of teenage mothers in Las Vegas because the program there had substantial numbers of them--but the reason they had so many was because they had recruited families with first-born children for the other components of the evaluation, and many of these families happened to be those with teenage mothers. We finally had to set aside the requirement of no "Abt" families in order to recruit an adequate number of teenage mothers in Las Vegas.

Once the preliminary ranking of the families had been completed and approved by me, the recruiting of individual families began. At one site, this was done by program staff; after the parents had agreed to participate, the ethnographer was free to contact and visit them, with or without the CFRP family worker. At the other four sites, recruitment was usually done by the ethnographer and the family worker together, most commonly during a home visit, and in a few cases at the center or elsewhere. Sometimes a special home visit was set up for this purpose; sometimes the recruitment interview was part of a regularly scheduled CFRP visit. In each case the parents were asked to sign a form giving the ethnographer permission to review family records, interview the family worker about the family, observe the family at home and at the center, and interview the parents. Very few mothers refused to participate.

In our plan for the study, we had budgeted an incentive payment to each participating family of $75--$25 midway through the study and $50 at the end. (Later we decided to try to include one dropout family or one with very low program participation at each site; these were to receive a single payment of $25 each.) This incentive was viewed differently by CFRP staff at different sites. Most felt that the parents would see the $75 as a lot of money. At one site, the program had relatively little contact with one subgroup of families we were interested in; when the family workers learned that payment would be made, they redoubled their efforts to find these mothers. At this site and one other, the promise of payment played a role in persuading parents to participate. At the other three sites, the money was not mentioned until agreement had been obtained. In a number of cases, CFRP staff had negative feelings about the incentive payments, but accepted the idea when told that this was a standard part of ethnographic procedure and a way of saying "Thanks."

In those cases where the money was not mentioned at the outset, what motivated parents to participate in the study? They were assured that refusing to do so would not jeopardize their standing in CFRP or their receipt of program services. On the other hand, they were also assured that if they agreed to participate they would be free to drop out at any time, or to refuse to have the ethnographer present on any given occasion--that they would control the nature and extent of their participation, and that their right to privacy would be protected. Some parents were concerned that the study might require a substantial extra commitment of time on their part, and were told they would not have to be available for interview or observation except during regular visits by the family worker or during their visits to the center. (Yet in most cases these parents willingly consented to private interviews.) Thus, parents' concerns on why not to participate were laid to rest. On the positive side, they were told that their participation would help CFRP and other such programs do a better job in the future for families like theirs, in an appeal to a kind of enlightened self-interest. The striking fact is that several parents took this as an appeal to help CFRP, and responded enthusiastically.

We had anticipated that we would not achieve a perfect match with our original plan for distribution of cases. As time passed and we encountered the variety of obstacles described above, I feared that we might be departing farther and farther from plan. The obstacles were not insignificant: at one site case selection was not fully completed until sometime in December. However, while the problems did cause delays, they did not frustrate the design. The final case distribution, shown in Table 2.2, is gratifyingly close to the plan (Table 2.1, page 16).

2.9 Data Collection

The ethnographers revealed considerable variation in style with respect to their approaches to the task of data collection. In every case, they reviewed CFRP records on individual families, interviewed family workers, accompanied family workers on home visits, visited families on their own, interviewed and observed parents at home, observed families at CFRP center sessions, and observed center sessions at which their families were not present. However, they placed varying emphasis on each of these. For example, as shown in Table 2.3, the overall range for number of home visits per family in the company of the CFRP family worker was 0-8, and the overall mean was 2.7; in Las Vegas, no more than 2 visits to any one family were observed, whereas in Jackson some families were visited eight times. The average number of home visits per family without the family worker was 2.0 across sites; the numbers were low in Las Vegas and high in Salem. On the other hand, in Las Vegas Tony tended to spend much of his time at the CFRP center, especially interviewing staff. All told, the ethnographers observed 112 home visits by CFRP staff, and made 85 home visits on their own. In addition, they observed a large number of center sessions--both those attended by families in the study and other sessions--besides spending a good deal of time at the CFRP center when no sessions were going on. Sue and Ellen each went to a substantial number of CFRP staff meetings.

Table 2.2

Actual Case Distribution

		Type				
Site	Ethnicity	Single Nonworking	Single Working	Two-Parent	Teenage	
Jackson	Black	--	--	2	1	3
	White	--	--	4	1	5
Las Vegas	Black	1	--	1	4	6
	Hispanic	--	--	2	1	3
Oklahoma City	Black	6	2	--	--	8
St. Petersburg	Black	2	7	--	--	9
Salem	White	5	2	--	--	7
		14	11	9	7	41

Table 2.3

Home Visits per Family

	Jackson	Las Vegas	Oklahoma City	St. Petersburg	Salem	Overall
With Family Worker						
Mean	4.0	1.2	2.0	2.6	4.0	2.7
Range	1-8	0-2	1-2	1-4	0-6	0-8
Alone						
Mean	1.8	0.8	1.6	2.3	4.1	2.0
Range	1-2	0-1	1-3	2-4	2-6	0-6

The researchers also varied in the sequence of their data collection activities. In Jackson, Carol began by "getting into the world of CFRP," hanging around and listening, building rapport, writing up everything she saw. Then she started accompanying family workers on home visits. She did not attempt any formal interviews until after Christmas, although she was asking the family workers a lot of informal questions, especially immediately after home visits. She felt that she wanted to get her role clearly established--and have a lot of questions to ask--before scheduling formal interviews. In time, she did interview all the family workers and all the mothers selected for the study. On the other hand, in Las Vegas Tony began with intensive and extensive interviews, both with CFRP administrative staff and with family workers, focusing on each family. However, like Carol, he spent a lot of time at the center even when "nothing was going on," working at building rapport. Tony's situation was also somewhat different in that he used two female research assistants. He went on the initial home visits along with the RAs, but later they would go by themselves (or with the CFRP family worker); Tony and the RA would spend a debriefing session together after each such visit.

In Oklahoma City, Sue started right in observing home visits conducted by family workers, as recruitment of families was done during such visits; later she scheduled visits with the families on her own. In Salem, as well, family recruitment was done during regular home visits, but Ellen would then excuse herself, feeling that the mother and the family worker might want to discuss the study without her present. On the other hand, in the three cases where Ellen went on her own to get permission, she used that opportunity to conduct a full-fledged parent interview. In general, Ellen did interviews with mothers earlier in the study, then scheduled staff interviews when she began to feel that she was seeing families "in the round" and staff "in the flat." In St. Petersburg, Vera conducted formal interviews with family workers prior to the recruiting visits. Then she began observing home visits, and did some casual questioning of family workers. From January on, she felt free to interview parents on her own.

At several sites, the ethnographers experienced some awkwardness due to discrepancies between the number of home visits called for in program plans and the number actually being conducted by family workers. The researchers felt frustrated because visits were made so seldom, yet hesitated to ask if a visit was going to be made for fear that would make the visit happen; understandably, the ethnographers were very concerned lest their presence, and their data collection methods, change the behavior of their subjects. In fact, at one site the supervisor of family workers asked the ethnographer if she wanted the workers to set up special home visits for her convenience. At another site, toward the end of the study, every time a certain family worker saw the ethnographer she would say, "Oh, I feel so guilty when I see you because I haven't made a home visit yet!" Most of the researchers felt that at least a small proportion of the home visit activity they observed was "set up" especially for their benefit.

Another issue having to do with the obtrusiveness of the researcher is that of role. Ideally, one wishes to observe in such a way that the ethnographer becomes "invisible", not changing the data by her/his presence. The classic view of anthropology is that unobtrusivenes is best achieved by a participant-observer. This observer explains candidly the research interest, but functions within the culture in a role appropriate to the categories and realities of that culture. The approach followed by most of our field workers, and encouraged by us, was to minimize participation as much as possible. Unfortunately or otherwise, ethnographers are human beings, and so are their subjects--making total nonparticipation impossible to achieve. Tony encountered some special problems in Las Vegas. Soon after the data collection phase began, he was asked to serve on a panel to evaluate candidates for the job of CFRP infant/toddler specialist. At that point in the study, Tony and I felt that his refusal might introduce some obstacles to the building of rapport with administrative staff; he agreed to serve, although he managed to avoid taking an active part in the deliberations. On another occasion, at a center session where an invited guest was to lecture on child development, the speaker insisted that "Dr. Miranda" join the speaker's group at the front; Tony did so reluctantly, although he noted later that it gave him an excellent vantage point from which to observe the gathering. In time, the staff accepted the idea that he was at the program only to observe, and they stopped soliciting his comments and active participation.

The issue of participation in center sessions caused some difficulty for all the researchers. In some programs, participation is expected of all those present, and it is virtually impossible to refuse; in Salem, particularly, a nonparticipant is seen as something of a voyeur. Apparently only Vera, in St. Petersburg, managed to get away with not participating at all; she felt strongly that her role should be clear to everyone at all times, and that it would be compromised by any participation on her part. In two cases at other sites, the ethnographers felt that they had to intervene--even at the risk of changing what was observed--in the interest of clearing up misunderstandings between staff and parents. To some extent, the differences on this variable reflect differences in the researchers' philosophy, as well as differences in circumstances at the various sites.

Differences of philosophy and approach were also reflected in the means employed by the ethnographers for recording data on an ongoing basis. In Jackson, for example, Carol took only occasional notes during visits by Family Life Educators, since these tend to focus on personal matters; she felt more free to take notes during Home Parent Teacher visits, which focus on child development and parent-child interaction. If the mother or the family worker seemed curious as to what she was writing down, Carol might read a phrase or two aloud to show the nature of the notes. (For example: "HPT shows baby a picture book.") She did not take notes during parent education sessions for fear it would make parents "up tight"; she did take notes from behind a two-way mirror during infant/toddler sessions. She generally wrote up her notes away from the center. She did not use a tape recorder.

Both Sue, in Oklahoma City, and Ellen, in Salem, took notes during home visits and center sessions. Sue generally wrote up her notes away from the center, mainly because there was no quiet place there for her to work; Ellen wrote hers up at her desk at the center. Ellen's taking notes during center sessions was facilitated by the fact that the mothers did so as well. Neither Sue nor Ellen used the tape recorder for most activities, except that Ellen did use it during a few staff meetings, or at interviews over lunch when it was awkward to take notes. In Las Vegas, Tony took no notes, but wrote up voluminous notes afterwards from memory. One of his research assistants did take notes during home visits, and the other used the tape recorder. In St. Petersburg, Vera began by using the recorder, but soon realized this produced a vast quantity of material--and a great effort in transcription. From then on, she used the recorder only for especially important interviews. Generally, she would take brief notes on a note card; during a visit, she would limit herself to one card, to minimize the obtrusiveness of the activity. She felt that the note-taking probably bothered staff, but not parents. Vera did write up her notes at the center.

Eventually--much too soon, in the view of the ethnographers--the data collection phase came to an end. We were curious as to what the experience of leave-taking would be like, and how it would be handled. In Oklahoma City, there was a kind of logical end point: right at the close, there was a reception for the national CFRP Director, who was visiting, combined with a farewell for a local CAP staff member who had had responsibility for CFRP; this became Sue's farewell, too. In St. Petersburg, Salem, and Jackson, staff members went out to lunch with the ethnographer as a formal farewell gesture; one family worker told Carol, "Come back, but not as the Abt lady.

Come back as yourself." Ellen promised that when the final report was available she would hand deliver it, so the final leave-taking was put off for the future. In Las Vegas, too, Tony left the door open, saying that if there was any gap in the data he would be back. Some ethnographers reported that it was more difficult to say goodbye to families than to staff. A mother told Ellen: "You know where I am. Write me a letter."

2.10 Management and Reporting

Early in our planning for the ethnographic study, we had agreed that the researchers we hired should be well-trained and experienced in fieldwork. Once that decision was made, I began to experience some trepidation at the prospect of directing the work of such researchers--especially given that they would be specialists in a field other than my own. On the other hand, I felt that some direction would be called for. For one thing, our contractual relationship with the federal government imposed an obligation on us to gather certain kinds of data and deliver a certain kind of report. Second, it was important that the study be coherent across sites--that it not become five separate studies--and that implied a need for some central coordination. Third, as has been noted, our experience with the various CFRPs had given us a background of knowledge that could be useful to the ethnographers in doing their work.

This problem turned out not to be a problem. The researchers we hired understood from the start that our study would involve a somewhat unorthodox--although by no means unique--application of ethnographic perspective and methodology. Once they were assured that we understood and shared their concern for the ethical issues, they indicated that they would accept, and welcome, any direction we could give them. As noted earlier, our shared experience during the week of orientation was important partly because it laid a foundation of mutual respect that carried us through the study.

A major part of our management and reporting procedures was a weekly telephone conversation between me and each of the ethnographers. This was especially significant at the beginning of on-site work, while case selection and recruitment was proceeding; we spent a great deal of time working through the obstacles each researcher encountered and reviewing the characteristics of prospect families. Even after that process was completed, however, this weekly contact continued to be helpful, to us and to the ethnographers. Sometimes the researcher would share a dilemma he or she was facing, and ask for my advice; in most cases, the researcher would already have a plan of action in mind and would be seeking support. We never disagreed. The weekly talks also served as a way of keeping the ethnographers in touch with each other's work. When one shared an experience of interest with me, I would share it with the rest. Sometimes a researcher would propose a question, a possible focus for data collection, and I would check it out with the others. During the early stages of the data collection phase, the telephone conversations also helped to reassure us as to how the ethnographers were spending their time. Another form of weekly contact was also helpful in this regard: the ethnographers billed us weekly for their time, and their bills included a description of their activities. The researchers were expected to work 10 full days a month, and could not bill more than that during any given month without special permission. At the conclusion of the study, they reported that this restriction encouraged them to keep going into the field regularly to collect data, in that it spread the work across the six-month period.

Each month, the researchers were required to submit a report. This arrangement served several functions: (1) It helped us to monitor the work of the researchers; (2) it helped us to focus the data collection activities of the researchers; (3) it helped the researchers by giving them an organizational structure for their fieldwork and a filing system for their data; and (4) it helped the researchers by providing across-site contact and comparison, in that they read each other's reports. Each report assignment centered on a specific aspect of the data, as follows: (1) family characteristics and the CFRP needs assessment process; (2) CFRP home visits and the "match" between family and family worker; (3) the family's participation in CFRP; (4) the services provided by CFRP, directly and indirectly, to the family; (5) family management and parent-child interaction. Clearly, these assignments were intended to elicit information about each family on each of these topics. This was a deliberate decision on our part, in that it demanded that all the families in the study be covered explicitly. In general, the ethnographers would organize the data in the monthly report on a family-by-family basis, with a broader summary at the beginning or end. It was understood that these monthly reports were steps toward a final report, and that none should be taken as definitive or the last word on a particular topic. Although the ethnographers were concerned about the time taken away from data collection to write the reports, they found the assignments very helpful, not only because they provided a focus for data collection but also because they eliminated the danger of holding off and trying to write everything at the end, on the basis of field notes alone.

Another advantage to the monthly reporting requirement was that it raised some issues with respect to confidentiality that might otherwise not have arisen until preparation of the final report. The confidentiality contract in our study was a bit unusual, as seen from the perspective of the ethnographers, in that it was necessary that Abt Associates Inc. be a party to it: that is, it could not be between the ethnographer and the families exclusively. For one thing, we had to know the real names of the families because we were attempting to exclude families who were included in the other components of the evaluation. So when the monthly reports were written, it seemed all right for the ethnographers to use these real names, since the reports were intended for our eyes only. However, it gradually became clear that it might be difficult for us to guarantee that no one else would see the reports--for example, including no one in the government. The confidentiality issue became an inhibiting factor with respect to the information included in the monthly reports. Some of the ethnographers decided to switch to pseudonyms after the first report or two; others had used pseudonyms from the beginning. This experience was useful in preparing us, and the ethnographers, for ensuring the protection of confidentiality in this final report. Of course, this becomes less of a problem when the reporting is programwide, rather than family-specific.

At the end of data collection, the ethnographers met with us for three days in Cambridge. This afforded an opportunity for sharing of experiences, and also for the planning of this final report. Among other things, a full day was devoted to reviewing the activity of the ethnographers during the entire period from the point when they were hired until the end of the contact phase. The tape recording of that meeting served as a major resource in the preparation of this chapter.

2.11 Conclusions

What did we learn from the experience of conducting the CFRP ethnographic study? Several aspects of our answer to that question have already been presented in this chapter. But certain conclusions deserve to be highlighted. They are set forth here in terms of what is possible and what is necessary.

1. It is possible to conduct an ethnographic study within the context of an evaluation. It works. It is difficult to imagine how any other research approach could have yielded the richness of data presented in this volume--data which will aid immeasurably in interpreting the findings of other components of the evaluation.

However, it is necessary to be clear in advance what is expected from the ethnographer by way of a final report, and to communicate that expectation clearly. We knew what we wanted, but were not universally successful in letting our researchers know. Most of the case study chapters in this volume are substantially those which were originally submitted by the ethnographers, although a certain amount of revision, rewriting, and editing were necessary. In one or two cases, the manuscript we first received was not at all what we were looking for. This created an awkward situation, in that we had continued to pay the ethnographers for time billed during the report-writing phase: that is, we paid for the amount of time spent rather than for the product we received. Fortunately, where this happened the ethnographer was willing to do the additional writing required and did not bill us for additional time. In retrospect, it appears that we should have done a better job of describing for the ethnographers exactly the kind of report we wanted. Further, it might have been better to establish a mutually acceptable fee for a report considered acceptable by us, to avoid mutual embarrassment.

2. It is possible to find highly trained, skilled ethnographic researchers even in some unlikely places. Further, they tend to be eager to ply their trade. I found several who were working full-time in nonethnographic positions and were ready to take leaves of absence, work half-time at their jobs, or even quit their jobs in order to take on our assignment. However, it is necessary to employ a great deal of time, energy, and ingenuity--and be very lucky--to find such people. It almost certainly cannot be done by means of advertising in the public media alone; contacts in the academic community are enormously helpful.

Once the people have been found, it is necessary to accommodate their ethical concerns, to respect their professional expertise, and to allow them considerable leeway in interpreting data collection goals and employing their own methodology. It took us a few days, during our week of orientation, to come to understand the role of the ethnographer as a describer rather than an evaluator. It took us several months--until the close of the study--to come to understand the great differences in the meanings assigned to these terms by different ethnographers. That is, at the end of our week of orientation we thought we understood: They are describers, and we are evaluators. Then, during the study, it gradually became obvious that the distinction was not quite so neat. There are varieties of description, and of evaluation, and ethnographers may undertake both tasks. The point is illustrated by a comparison of the Oklahoma City and Salem case study chapters. At first glance, Sue's chapter appeared to us to be much more descriptive and Ellen's much more evaluative. However, a member of our advisory panel characterized Sue's chapter as "judgmental" and Ellen's as more traditionally ethnographic--and that made us take a second look. We concluded that Sue's chapter seemed more descriptive to us because it represents an outsider's (etic) view. Ellen's seemed more evaluative, but it is actually descriptive from an insider's (emic) viewpoint--and that is precisely what Ellen was striving for, in traditional ethnographic fashion. Part of the problem was that we intended that the study be genuinely ethnographic in perspective and methodology--but not that the final site reports be genuine ethnographies. Again, our intentions were not communicated very successfully.

3. It is possible to find ethnographers who are willing to work for a research organization as part of a team and of a larger project, with research questions that are largely predetermined and with a considerable amount of direction. In fact, it is necessary to provide a good deal of direction if one is to end up with one coherent study, rather than several separate studies. Precisely because anthropologists are accustomed to working on their own--both in the sense of working alone and in the sense of working independently--they need frequent contact with some central person if the integrity of the research effort is to be maintained over time and across sites.

This point may appear to contradict the discussion above about allowing leeway for idiosyncratic interpretations of goals and methodological decisions. It is not contradictory, but there is clearly tension between the demands for freedom and requirements of control. It is necessary to work constantly at balance and accommodation of the two.

4. It is possible to obtain a reasonable amount of help and cooperation from agency staff and from their clients for a study of this kind. It is necessary to anticipate their concerns and questions as much as possible and to communicate in full detail--even at the risk of redundancy--what the study is all about and how it will be conducted. We could have done better in this area, although our efforts were ultimately successful. If we had been a bit more sensitive to the perspectives of staff personnel especially, we could have avoided some problems and handled others more smoothly when they arose. The most obvious examples are concerns with respect to confidentiality and reactions to such terms as "ethnographic" and "anthropologist." Next time we will know better.

On the other hand, many things that are clearly beyond the control of research staff may impinge upon the degree to which an ethnographer is accepted, and upon the level of cooperation encountered. These include such universals as personality and ethnicity; in the present case, such factors as local politics, the organizational framework of each program and attitudes of local CFRP staff toward Abt Associates also played a part. In other words, this is one way in which ethnographic work within the context of a program evaluation is very much like ethnographic work anywhere.

CHAPTER THREE

FLEs MAKE IT TICK

The Family Development
Program in
Jackson, Michigan

Author: Carol S. Wharton

3.0 FLEs MAKE IT TICK: THE FAMILY DEVELOPMENT PROGRAM IN JACKSON, MICHIGAN

As I walked for the first time into the Helmar School--site of the Jackson Child and Family Resource Program--I instantly became aware of a bustling pace of activities and of the sense that important work was being done there. Perhaps it was mostly because I had not been inside an elementary school for several years, but the child-scaled cupboards, furniture, and wall decorations made me feel that I was stepping into another world. That feeling remained during the six months of the ethnographic study; although Helmar School and its populace became very familiar to me, they always retained a certain strangeness. And, indeed, they are extraordinary; it is another world: the world of CFRP or, as it is known in Jackson, the world of the Family Development Program (FDP). Only participants understand it completely; other low-income residents and social service agencies in Jackson may be dimly aware of it; and the majority of Jacksonians and Michiganders have never even heard of it. For the staff and participating families, however, the FDP is a major focus of their lives.

3.1 An Introduction to CFRP in Jackson

Helmar School is an ancient building, originally built as an elementary school, with large classrooms and tall windows. The ground floor is still composed of classrooms--for Head Start classes now. The broad, central hallway is lined on one side with low, open cabinets in which children hang their coats and store their boots, hats, and mittens. The other side of the hallway hosts a long line of benches, on which children may sit to put on their boots, or parents and staff may sit and talk to each other.

The classrooms are bright and cheerful. One is identified by a large cut-out of "Oscar the Grouch" on the door, and life-sized silhouettes of all the children--cut out of brown paper and painted with whatever details of dress each child chose to add--march around the top half of two walls. Another room has a cozy "fireplace," with a bookcase where the hearth would be, and high-backed benches with padded seats on either side. A third room features a big flannelboard barnyard on the wall of the story corner, with cardboard animals and farm equipment which may be attached and rearranged during stories. Each classroom has a small window in the door, through which parents or other staff may peek; but the doors are often left open, and parents are always welcome to observe or help in the classes.

There is a gymnasium on the same floor, in which toddlers and Head Start children have a chance to play on sturdy tricycles, teeter-totters, horizontal bars, and a slide. The kitchen is also located on the ground floor, and delicious smells permeate the building as food is prepared and carried to each classroom and the infant-toddler room.

Below this floor of classrooms, kitchen, and gym are the infant-toddler (I-T) room, a large meeting room where Parent Education classes and other family activities take place, and a small kitchen with facilities for preparing snacks and a washer and dryer. The I-T room includes a one-way window and a small area behind which parents or staff may sit and observe the children. The I-T room is light and well-stocked with toys, small tables and chairs, and a four-foot-tall platform which children may reach by crawling up a long, carpeted ramp. One fourth of the room is a foot-high elevated, carpeted "crawl area" for the infants. There is also a small crib room adjoining the I-T room (but not visible from the observation area), which contains cribs, a playpen, a changing table, and a rocking chair.

The parent education/meeting room is rather dark, but also carpeted and with comfortable chairs gathered around a table. There is always hot water and instant coffee, tea, and hot chocolate available during meetings.

On the second floor the old classrooms have been converted into staff offices, an adult basic education classroom, and a workroom for parents to make crafts--the creative environments workshop. Staff offices are not divided into individual cubicles; instead, each room contains several desks which are arranged to separate the room into distinct areas. There are separate rooms for each type of staff: Family Life Educators, Home Parent Teachers, and social services staff.

Throughout the building, the walls are covered with posters, collages, and photographs. The posters are colorful and informative, with illustrations concerning nutrition, prenatal care, energy conservation, and services available in the community. There are snapshots of children, parents, and staff engaged in center activities. The building is filled with friendly and apparently happy people, and everything about the building's interior seems to confirm the impression that its inhabitants are involved in significant, fulfilling work.

This interior atmosphere of productivity is in sharp contrast to the rundown exterior of the building, which, except for a large sign on the front and a parking lot full of cars in the back, always looks deserted. And the cheerful attitude of the staff seems to signify a defiance of the constraints of a limited budget and a deteriorating building. When the ethnographic study began in October, the boiler was out of order and classes had to be cancelled for two days while it was repaired. All winter the boiler threatened to break down and, as one staff member said, "If the boiler goes, the program goes." But the boiler lasted, and most families probably never had the sense that the program was anything but a permanent and stable part of their lives.

There is also a rural Jackson County site for the CFRP at Kelly Center on the southern perimeter of Jackson, as well as one in the adjoining county of Hillsdale (which was not studied). Kelly is situated in a small, cinderblock building. It is really only one room, but has been divided by furniture and shelving into four areas: a Head Start class, a kitchen, an infant-toddler play area, and a parent education/staff office area. One long wall is made up of windows, overlooking empty fields and an old barn; a pleasant scene in all seasons. Kelly provides a comfortable, "homey" atmosphere, with the kitchen area in the middle of the room, divided from the class and play areas only by low counters where the food is prepared. A reading loft--a small enclosed platform reached by climbing up a short flight of stairs, with carpeting and cushions within--seems to be one of the children's favorite places at Kelly.

3.1.1 Organizational Structure

The Jackson CFRP is a part of the Family Development Program (FDP), and families may choose to participate in the CFRP or only in Head Start. Staff tend to refer to CFRP families as FDP families, distinguishing them from families enrolled only in Head Start. Thus, FDP families are involved in Head Start (if they have a Head Start-age child), parent education center sessions, and home visits--by Family Life Educators (FLEs) and Home Parent Teachers (HPTs) if they have infants, toddlers, or three-year-old children, or by school linkage home visitors if they have school-age children and no infants, toddlers, or three-year-olds (i.e., if they are not receiving HPT visits). Each FDP family is assigned to a Family Development Unit (FDU), which is made up of one FLE (who serves as unit coordinator), one infant-toddler HPT, one three-year-old's HPT, and one Head Start (classroom) teacher and her aide(s). This language of FDP, FDU, FLEs and so on sounds foreign to the outsider, and learning what each of these abbreviations and acronyms stands for and the function of each position is one of the steps in becoming part of the world of CFRP at Jackson; however, the language quickly becomes unremarkable to the insider. The first time I heard someone say "My FLE told me . . ." or "Hi, I'm a FLE" I was amused and amazed; but I soon ceased to have this reaction, and was surprised by other outsiders' bewilderment when I would say, "according to one of the FLEs. . . ."

Other staff positions include: under Supportive and Social Services, the Social Services Field Advocate--who mediates between families and community agencies; the Special Needs Coordinator--who assesses and designs programs for handicapped children; and a nurse--who coordinates health screenings for all Head Start children. An organizational chart has been included in the appendix. As can be seen from the chart, the Jackson FDP is set up on a very specialized, bureaucratic model, which may be common to all CFRPs, or it may be a function of the large size and caseload of the Jackson program.

There are approximately 250 families enrolled in the Jackson CFRP. The character of the Jackson program is inclusive; the staff tries to offer at least minimal services to as many families as possible. This sometimes means that a family does not receive the full range of home visits, or is not consistently active in center activities, but is still enrolled in a Family Development Unit. For example, although one family which was studied had a newborn, the infant-toddler Home Parent Teacher in the FDU to which that family was assigned already had a full caseload and could not make home visits to that child. But the family at least received FLE visits, the older children had a school-linkage home visitor; another child was in Head Start, and the mother had the opportunity to attend center sessions, such as Parent Education. I observed another family whose FLE did not have time to make regular home visits, but the HPT visited their toddler, the older child attended Head Start, and the mother was very active at the center.

A further ramification of this all-inclusive policy is the reduction of Head Start to only two mornings a week. Thus, each Head Start teacher has two classes of children: one on Tuesdays and Wednesdays, the other on Thursdays and Fridays. Twice as many children can participate this way. The staff seems to extend this philosophy to all aspects of the program: the FDP is available as a link, a support network to families who may participate in a variety of ways.

The Family Development Program is set within the Jackson social and economic climate, which has lately been one of decline and fear. Because of the increasing rates of unemployment, there are many "new poor"--people out of work and/or on public assistance for the first time. For them, the situation has created a confusion of values and a loss of self-esteem; for the FDP, the situation has meant that many more families are eligible for and needing their services. The welcoming, inclusive atmosphere of Helmar and Kelly Centers provides many families with their only positive interactions in the system of social service agencies. Everyone on the staff is friendly to participating parents and children, making them feel important and capable of improving their lives.

3.1.2 The FDU

There is constant communication among the members of each Family Development Unit concerning the different families in that unit. A Head

Start teacher may go to the FLE room during the afternoon to share her observations of a child who seemed ill, angry, or upset in some other way that morning in class. Or she may ask an HPT to observe the sibling of one of her Head Start children in the I-T room--to notice any apparent motor, cognitive, or social problems which the Head Start teacher suspects might be present, based on her interaction with the older child or the parents. A Home Parent Teacher will stop by at her FLE's desk to describe a home visit, or the FLE and HPT might make a home visit together to reinforce each other or confirm each other's perceptions. The FDUs each meet once a week at a regular time, to discuss several families, coordinate action, and give each other feedback. The FLE, as coordinator, is the center of the FDU: as one Head Start teacher told me, "Since she's the FLE, we all go to her." The responsibility for identifying a family's needs and designing a plan of action to meet those needs rests ultimately on the FLE.

FLEs are perhaps the most unique feature of the Jackson CFRP, since their major function is to help families solve personal problems and set goals. It is the FLEs who are expected to recognize a family's lack of various kinds of resources, and put the family in contact with the appropriate community services, or notify someone else at the Family Development Program who can supply the expertise. The following excerpt from the FDP Newsletter of March 1981 was written by a program parent.

> GOT FLEs? BOY ARE YOU LUCKY!
>
> The kind of FLEs we mean aren't the kind your dog brings in--they're the Family Life Educator-type that you get from the Family Development Program.
>
> The average FDP FLE is easy to talk to, likes all kinds of people and has lots of good ideas. The FLE always seems to know where the best garage sales are, how to get food and clothing in an emergency, what apartments are for rent and how to do things cheap (easy, quick, etc.). FLEs are good problem-solvers--got problems with your kids, (husband, mother, landlord. . .)? A FLE will help you find the answers. If she doesn't know the answer, she will help find someone who does.

> FLEs help you decide where you're going in life, too. They don't tell you what to do, but they can tell you how to go about doing it. FLEs know how to help you enroll in school, fill out ADC forms and get involved in community activities.
>
> As you can see, FLEs are a rare and valuable thing to have and the Family Development Program is VERY fortunate to have 8 of them [number includes Hillsdale].
>
> So, if you see a FLE, don't get out the flyswatter! Instead, invite her in. They seem to be Good Luck.

The presence of FLEs provides a division of labor which frees the Home Parent Teachers to concentrate on issues of child development in their home visits. Rather than one home visitor providing each family with advocacy and crisis intervention, child development and parent skills, school linkage, and home management training, there are separate staff assigned to these tasks. This enables each staff person to develop greater expertise in selected areas of services, rather than spreading her/himself out to stay on top of all issues.

Such a division of labor may also be beneficial to the families. It provides each family with more than one resource person, and prevents dependency on one person--which would certainly not prepare individuals to face the "real world" of impersonal bureaucratic social service agencies. But such a model is also subject to the same disadvantages as any bureaucracy: it segments the services and may alienate families; it may simply be too hard to keep up with the question of "who can help me with what?" I noticed some confusion among parents about who's who--FLEs', HPTs' and other staff's names and functions are often forgotten or confused by participants. For instance, one mother saw the FLE as her teacher and the HPT as her child's teacher. She liked the arrangement of having two "teachers" but did not perceive that her FLE was intended to handle different issues than her HPT; for her, both were involved in teaching her "how to raise my children." Another mother said that her HPT's job is "to help with the kids," and her FLE's job is "to handle the paperwork." This family has only been in the program for six months, and their FLE has been working on their records at each visit. I asked the parent if she thought her FLE's "job" would change when the records were completed, but she could not envision that happening.

On the other hand, some parents had a clearer conception of the differences in focus of FLEs and HPTs, and were very pleased with the arrangement. As one couple explained it, their FLE "works with the parents--teaches safety, different things on how to help you understand your kids," while their HPT "works with the kids, and parents, teaching the kids." Many viewed their FLE as a friend, someone in whom they could confide, while their HPT was seen more as a teacher, a professional.

To some extent, a confusion between FLEs and HPTs is inevitable, since there is not a total separation in their interests; both are ultimately concerned with the welfare and development of children. A FLE defined the program's purpose as follows: "to provide opportunities for enrichment to low-income youngsters; to maximize their potential, make the most of what they have. We may approach it in various ways--through the parents or whatever--but our ultimate goal is to benefit the child."

3.1.3 A Typical Day for a Family Life Educator

A FLE's day begins about 8:30 a.m., when she arrives at Helmar Center. Classroom activities--for children and parents--do not begin until shortly after 9:00, so that the first half hour is devoted to getting organized for the day. She may make several phone calls to families--to arrange home visits or give them feedback on information she obtained for them yesterday--or to various agencies for information or appointments to discuss problems the families are having. For example, a mother whose family was ineligible for Department of Social Services (DSS) or Medicaid assistance had a sick child and could not afford to take him to a doctor or the hospital emergency room. A FLE called some local doctors and found one who agreed to examine the child and give the family extra time to pay the bill. As soon as those arrangements had been made, the FLE called the mother, gave her the doctor's address, and made sure she had transportation there.

Mornings are also spent on paperwork--updating family records, writing memos of agency contacts and follow-up reports on the results. Each FLE has to plan a Parent Education session twice a month; and she arranges to have handouts, videotapes, other materials and occasionally a speaker available. Even if it is not her day to conduct a Parent Education class, some of her families are probably scheduled for that day's session, and they usually have a midmorning break in which one or two may come up to see her and discuss a concern. In the meantime, the FLE often drops in on a Head Start class. Here she observes one of the children in her unit whom the teacher thinks may be manifesting some difficulties as a result of problems at home, of which the FLE needs to be aware. Or the FLE simply spends some time with the children to become better acquainted with several of them.

In the late morning the FLE and one of the HPTs in her unit might make a home visit together, perhaps to a family with whom the HPT has had trouble making contact. The FLE will use the opportunity to see if the family is having any particular problems or needs; afterward, the FLE and HPT discuss their individual observations and impressions of the family.

After lunch the FLE might have a phone call from a distressed parent, perhaps a mother whose ADC check did not come, or who is upset emotionally. If it is the former--a concrete type of problem--the FLE will make some phone calls to help straighten out the situation. If it is the latter, she may engage in some informal "crisis counseling" or empathetic listening; although FLEs do not actually do counseling, they can provide a receptive ear.

The afternoon is also a time for one or two home visits and/or appointments at other agencies, either with a family member or on a family's behalf. Often the home visits involve some sort of crisis--a sick child who has to be rushed to the emergency room, a battered wife who needs to make a decision about finding a safer environment for herself and her children, a family with no food or no heat--and by 5:00 p.m. a FLE is usually physically and emotionally drained, as she hastily completes a record of the day's visits and leaves the office.

3.1.4 A Typical Day for a Home Parent Teacher

HPTs' days are more structured than FLEs', since they have their home visits arranged on a regular basis--weekly for three-year-olds or biweekly for infants and toddlers. One morning or afternooon a week is spent in the I-T room (by the I-T HPTs) or the Head Start room (by the three-year-olds' HPTs). Also once a week the HPTs, as well as the FLEs and Head Start teachers, attend their Family Development Unit's meeting, at which they present their impressions of a family's situation and bring up any concerns they may have about family dynamics or a child's health or nutritional status--which they may feel need to be dealt with by the FLE.

HPTs may make as many as four home visits a day, and spend a considerable amount of time planning each visit. Each visit is described on a program sheet, including which materials and activities are planned, the goals/objectives for the child and the parent, and an evaluation of the results. HPTs carry the paraphernalia of their job with them--toys, books, exercises, crayons, paint, scissors, and paper--and children are usually waiting in delighted anticipation to see what "teacher" has brought today. By the end of the day, HPTs are also exhausted, after maintaining an enthusiastic response to parents and children for several hours.

3.1.5 Staff Backgrounds

The FLE supervisor described the criteria for becoming a FLE. Some college education is required; everyone has at least a few hours of college credit, and a few have four-year degrees. But the "experiential end" is as important as formal training: a person's ability to relate to people, not to be judgmental--her/his "people skills." FLE applicants must pass an oral and a written "interview," and parents are included in the screening committee, which pays attention to how "appropriate" the applicant is--whether or not she/he seems to relate comfortably to parents.

A new FLE is trained briefly in the office: the supervisor shows her the kinds of records she must keep and gives a general orientation to the program. Then the supervisor assigns the new FLE to an experienced FLE, who takes the novice on her home visits, to observe. The new FLE may then begin studying her families' records and meeting the families, but she does not do any assessments until she has observed the entire assessment process with an experienced FLE. In the example I observed last fall, since the former FLE was still working in the building, she and her successor spent many hours discussing individual families' cases and reviewing what had been done in the past.

According to the supervisor, there is very little turnover among the FLEs. The first change seems to have occurred this year, when a FLE transferred to a different, more administrative job within the FDP. The new FLE was formerly an HPT and thus already knew a good deal about the program and about the FLE's job.

The FLE Supervisor is presently working toward a bachelor's degree in community services, a major within the College of Human Ecology (home economics). She was never a FLE herself, but had prior experience in an Extension Service nutrition education program for low-income families. Her role seems to be mainly to coordinate FLE activities, facilitate interaction between FLEs and other staff, establish and maintain communication with community agencies who are potential FLE resources, and make certain that records are kept up to date. FLEs consult their supervisor about any family situations which they are uncertain how to handle; for example, a FLE might ask her what to do about a family in which the children seem depressed or otherwise disturbed but show no apparent signs of neglect or abuse. Both the FLE supervisor and other administrative staff appear to be engaged in a perpetual round of meetings, both internally and with other agencies--to procure resources or keep the community informed about and aware of the FDP.

There seems to be very little observation of or feedback to FLEs. When I asked the supervisor what kind of supervision she gives to the FLEs, she said, "Very little! If they're experiencing problems they come to me. The FLEs know their caseload and what they need. I don't believe that you can supervise this kind of work by standing over them." She only observes their home visits if they ask her to; for instance, if a FLE is contemplating a Protective Services referral, the supervisor might accompany the FLE as a witness. Once a year FLEs are observed conducting a Parent Education center session, and given feedback.

The FLEs themselves are perhaps the greatest resource and support for each other. They can consult each other about past experiences with similar problems, and about community services in various areas. Since there is so little turnover, each FLE has built up extensive knowledge and experience in the job. They do sometimes switch families--because the families move, or the children grow out of the infant-toddler stage and into the Head Start age, or perhaps because one FLE has too great a load or feels uncomfortable with a particular family. Last year the FLE who had been assigned to Kelly for two or three years exchanged FDUs with a FLE at Helmar; so they had to fill each other in on their whole caseloads. In all of these situations, continuity is maintained by continuous communication between FLEs, and by keeping family records up to date. None of the families which I studied were disturbed by staff switches, and three of my families had experienced at least one change in FLEs. They were all satisfied that there had been no breach of service or confidentiality as a result.

Home Parent Teachers have varied educational backgrounds, ranging from high school diplomas and experience as former CFRP mothers to four-year-college degrees. There are three "levels" of classification for HPTs, but the majority have two-year associate degrees in "child care" from the local junior college, Jackson Community College (JCC). HPTs learn their jobs in much the same way as FLEs--through a brief initial training by their supervisor, and observation of experienced HPTs. Like the FLE Supervisor, the HPT Supervisor's role is largely one of coordinator and consultant for her staff, and liaison between them and the rest of the agency. The HPT Supervisor has a bachelor's degree in education, and came into the FDP several years ago as a Head Start teacher. She has been involved since the beginning in the home-based program, and says she picked up most of her knowledge of child development through the program.

In addition to formal college courses, which they are encouraged to continue taking, all staff have extensive opportunities to gain knowledge geared specifically to issues confronting them in the FDP, through "in-services," conferences, and field trips. "Twenty percent of our time is spent in training," said the FLE supervisor; every Monday is staff training day, when there are no home visits or center activities for parents and children. Some examples of recent in-service topics include children's literature, nutrition for children, stress reduction in children and adults, and field trips to community agencies to which families might be sent. Some FLEs recently took a crisis intervention course at Jackson Community College, and will share their knowledge with other staff.

3.1.6 Rapport and Matching--Making a Match

The "match" between a family and its FLE or HPT seems to be mostly a matter of chance. According to the FLE Supervisor, how a family is assigned to an FDU depends on what time of year they enroll. "If it's the first of the year, there are more free slots, so we try to match possible family needs with staff strengths--some FLEs work better on some problems. If it's later in the year, they sort of need to go where the openings are." So, if there are a variety of openings, staff and family may be matched on the basis of need and expertise; with regard to personality similarities or differences, the match is probably random.

I observed some very good matches. One HPT, Susan, and a parent, Joann, get along well and enjoy each other's company during Susan's home visits. Joann has an infant and a toddler, and she and Susan intersperse their work with the children with friendly, teasing conversation. Susan told me that her visits to Joann's home usually take longer than an hour (the allotted time for home visits) because Joann likes to talk and joke with the children and the HPT. Susan said that is okay with her, it builds a good relationship, and she and Joann just seem to get along together well. Susan and Joann are about the same age, but have different ethnic and educational backgrounds, so their compatibility seems to be primarily based on personality similarities. Also, Susan put a great deal of effort into building a compatible relationship with Joann; both women told me that when Susan started making home visits, she did not understand Joann, could not tell when Joann was serious or joking. Susan cannot really describe how she established rapport; but Joann admires Susan's good nature and her willingness to make the effort to be friends.

I also observed some obvious mismatches, however. At this extreme is a parent named Brenda, whose FLE describes her as "a very suspicious young lady," and whose HPT thought that "she feels she's too good for the program." Her FLE said in October that Brenda needed time to develop trust with everyone, and concentrated on building that trust on her home visits for the first few months. But the FLE eventually became impatient with Brenda's continued defensiveness, and the HPT never developed any sympathy for Brenda. The FDU threatened to drop Brenda's family to Head Start-only status because they felt she was uncooperative. It seemed to me, however, that there was simply a great deal of misunderstanding and lack of communication--Brenda was not "cooperating" because she did not know what was expected of her. In a private interview Brenda expressed confusion, rather than hostility: she felt that her FLE "has always been nice, they [the FDP] try to help but I don't really know what they can do for us"; but she felt that her HPT "is kind of different--she's nice but it's just a personal thing--she gives me a funny feeling." Since the HPT was new, she may have been somewhat insecure in her role, and thus unable to help Brenda feel comfortable. All of this seems to be mainly a matter of personality differences and, perhaps, a lack of the usual concerted effort at building rapport. Brenda is several years younger than either of her home visitors, but shares ethnic, educational, and class backgrounds with them.

I once asked a FLE if black families were more likely to be assigned to black workers and vice versa. She said no, she did not think the black FLEs had any higher percentage of black families than the white FLEs. Most of the home visits which I observed were with white workers; three of the families I observed were black. I did not notice any differences in compatibility based on race or ethnicity, but in the one case I observed of a black FLE and a black family, there was a more relaxed kind of shared understanding between FLE and parent than I observed in interactions between white FLEs and black parents. I asked each of the black families if they would have preferred a black FLE or HPT; they each said no, that was not an issue for them (however, they were responding to a white woman). But three staff members told me that the program lost a large percentage of black families in the past year, and they do not know why. As one person said, "We've turned off black families somehow and we can't figure out why." The staff did decide to racially integrate Kelly Center this year, by recruiting more black families, exchanging some white and black families between Kelly and Helmar, and assigning a black aide to the Head Start classroom. And a staff supervisor explained that "we try to keep a racial mix of at least five or six black children in each class. It's better for all the children." On the whole, staff seems to be conscious of manifestations of racism, and conscientious about reducing them.

There are many other, subtle ways in which staff make a match--find common bonds with families. Most of the FLEs and HPTs have children of their own, and they often share memories of pregnancy and their early years of parenting with program participants. Those whose children were in Head Start (or even in some cases the FDP) can establish a peer bond with that fact. One FLE articulated this strategy to me; she said her technique is to relate personally to each family--to find some common ground of experience to share with them.

Home visitors are careful not to distance themselves from parents by overt signals such as differences in clothing. One day a FLE and Head Start teacher were discussing a mother who was very hard to contact--she had not been at home several times when the FLE had an appointment with her. The Head Start teacher said "Well, I wouldn't go to her house looking like that"--the FLE looked very "dressed up" and professional that day, in a wool skirt and vest. She said "Oh no, I wouldn't either. I never dress up (for a home visit) unless the family knows me well." Then both the FLE and the Head Start teacher explained to me how they dress for work. Both women felt that families are more comfortable if staff wears jeans or other simple clothes; that families become self-concious about their furniture, for instance, if home visitors are dressed too nicely.

This process of establishing rapport is apparently a very important factor in determining the effectiveness of the home visitors' contacts with families. Most HPTs and FLEs seem adept at making a match; those who are not probably do not engage their families as thoroughly in the program. Yet a match can be created in different ways, depending on the styles or personalities of both the home visitor and the parent. Some tend to take a "folksy" approach, seeking common bonds. But one FLE and one HPT are somewhat more professional and reserved in style; they also have more education (as the FLE says, "I'm degreed") and wear more expensive clothes than most of the other FLEs and HPTs, and certainly than their FDP families. However, they are such warm, friendly people that they seem to get along well with everyone. Their families, however, spoke more of their abilities as teachers--"she's a good teacher" or "I'm learning a lot from her"--whereas other families mentioned how "nice" their FLEs or HPTs were, or said they were friends. The critical factor did not seem to be how a home visitor established rapport but whether she did so or not; in the case of the parent Brenda, there was no rapport, either folksy or professional with her HPT. The HPT presented herself informally and seemed to be very friendly; perhaps to Brenda it was a superficial friendliness, and Brenda was losing interest in the program. In other cases, families had been in the FDP for two years or more and had been assigned to different FLEs or HPTs--some who were folksy, others who were professional--and they were equally satisfied with both approaches, so long as they felt respected and involved in determining their own goals.

3.2 CFRP Families

The adult members of families who enroll in the Jackson Family Development Program tend to be younger and less educated than the FDP staff, but otherwise they share many characteristics with staff. While staff ages range from the mid-twenties to the late fifties (the average age is probably in the early thirties), most parents are in their late teens or early twenties--although there are exceptions, and a few parents are even in their early forties. Staff has a minimum of a high school education and most have at least some college credits; few FDP parents have more than a high school diploma and many do not have that. Some parents are illiterate or semi-literate. Staff recognize that "many of our families don't have good reading skills," and strive to make handouts and presentations intelligible to them. The program encourages and facilitates parents' return to school for a GED, a high school diploma, or college courses (one of the ethnographic study parents completed her GED, for which the program had found her a study book, and enrolled at Jackson Community College during the period of observation). But parents generally remain at a lower level of educational achievement than staff, who also continue their schooling. Most mothers do not have income-producing employment; only one of the eight mothers in my sample had a part-time job, and as a result she was unable to attend center sessions.

Staff and families are either black or white, there are few other racial or ethnic groups represented. That is also generally true of Jackson--its population is mostly black and white. Most participants and staff are women. Only two or three administrative staff and a few classroom aides are men. Although many of the families are two-parent units--either formally or "informally" married--the mothers are usually the only parents who are active in the program, and fathers are not highly visible.

A few fathers are active--I saw three who came to Parent Education center sessions. Some men are present during home visits, but for the most part they do not participate in those visits; they are "on the fringe"--observing but not contributing--or they disappear during home visits, particularly during HPT visits. I saw one father participate as actively as his wife in HPT visits, and two watched the mother and HPT interact with the child(ren) without joining in the activities, but at most of the HPT visits there were no men present. All of the women with whom I spoke whose husbands do not participate in the FDP said that the arrangement is satisfactory to them--they do not particularly want the FDP to attempt to involve their husbands more. As one woman explained, "It just wouldn't interest him--it's mostly women. [The FLE] made it clear from the beginning that men are welcome, but he just isn't that kind of person." Some men were usually present during FLE visits who were not present for HPT visits, but in both types of visits, "women-and-children-only" is the more typical situation. Home visitors tend to focus on the mother even if the father is present, unless he asserts himself--makes his presence known by continuing to interject his comments into the conversation. Apparently most men do not participate because the FDP is perceived of as composed of "mostly women"; the absence of men confirms that perception; the self-fulfilling prophecy perpetuates itself.

FDP families usually have two or more children; and except for many of the teenage mothers, families typically do not enter the program until their second child is born. Teenage mothers (those under 17 years of age) are more likely to enroll while they are pregnant or shortly after their first child is born.

At home, almost every family has a television, and it is apparently left on all day. In all but two of the homes where I observed home visits, the television was left on throughout the visit unless the FLE or HPT requested that it be turned off. The homes are modest but comfortable. Teenage mothers usually live with their parents; other families live in single-family units--no one whom I observed lives in an apartment. Jackson has many older houses on its tree-lined streets, and that is where FDP families live, or in trailer parks. Most of the homes are relatively small, with no more than two or three bedrooms. Five of my study families are buying their own homes; three are renting.

3.2.1 Study Families

I studied eight families: three who were two-parent multi-problem/high-risk families, three who were two-parent "other" (not multi-problem) families, and two single teenage mothers who were living with their parents. Three of the families in the sample were black: one multi-problem/high-risk family, one other two-parent family, and one teenage mother. The remaining five families were white. The composition of each family was as follows:

> Laura Stevens is a 21-year-old mother, her husband David is 22 years old, and they have two daughters: 4-year-old Kathy and 3-year-old Karen. David has been laid off for one-and-a-half years; Laura had a part-time job as a salesclerk until November 1980. The family is now living on the father's unemployment checks. Karen was injured as a baby, and is physically and mentally handicapped.
>
> Patricia Allen is a 24-year-old mother, Kevin Harris is her live-in male companion and is in his mid-thirties. Patricia has a six-year-old daughter, Molly, and two-and-a-half-year-old son, Jason. Both adults are unemployed and living on AFDC and general assistance; Kevin occasionally finds short-term employment. Patricia took a class and earned her GED in the fall of 1980; she plans to begin attending community college in the fall of 1981.
>
> Kate Thomas is a 38-year-old mother, her husband George is 45 years old, and they have 6 children: a 17-year-old son, a 13-year-old daughter, a 6-year-old son, a 5-year-old daughter, a 4-year-old son (Donald), and a 7-month-old (in March) daughter (Linda). The father is disabled, and both parents are unemployed.
>
> Brenda Pierce is a 24-year-old mother, her husband Bill is 26 years old, and they have 3 sons: Billy--4 years old, Jeff--3 years, and Gary--18 months old. Brenda has a part-time job as a waitress; Bill is laid off and drawing unemployment. Bill is enrolled in classes at the community college.
>
> Abby and Brad Mitchell are a 24-year-old mother and father, with a four-and-a-half-year-old daughter Becky, and a 22-month-old son, Mark. Both adults are unemployed; Brad has been laid off for over two years, and enrolled in a vocational training course in February 1981.
>
> Joann Hale is a 25-year-old mother, her husband Richard is 24 years old. They have a 4-year-old daughter, Sharon, a 3-year-old son, Michael, and a 9-month-old (in March) son, Ben. Joann is not employed in wage labor; Richard was laid off in late spring of 1980 and returned to full-time work in December.
>
> Michelle Barnes is a 15-year-old, who is pregnant with her first child, and a full-time high school student.

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Ruth Jefferson is a 17-year-old mother with a two-and-a-half-year-old daughter--Julie. Ruth is pregnant with her second child. She is a full-time high school student; and became inactive in the FDP in spring of 1980 when she had a part-time job after school; she was reinstated in the program in late March 1981.

3.2.2 Needs and Strengths

Most of the families whom I observed, and others I heard about, are experiencing some sort of marital tension. Money is often the subject of dispute, especially if the husband is out of work, laid off, or unemployed. Some of these families have never before been in such a situation of tight money (or not since the parents themselves were children); they had maintained steady employment until the economy slowed down. Besides a money shortage, this new situation of both adults being at home most of the time creates other problems. One woman explained that she, her husband, and their children are "just together too much now"; they are home all day, in a small house, with no money to go elsewhere, and they all "get in each other's way."

In several households (only one of my study sample, but others which I heard about through staff or met at center sessions), the wife/mother has kept her job but the husband/father has lost his; or she found a part-time job after he was laid off. Thus, she is contributing to the family income and he is not, except for his unemployment checks. This results in a role reversal for many families, and is sometimes uncomfortable for both adults. It may be an enriching experience for everyone, with the children seeing more of their father than they ever have, and both parents gaining insights into the other's daily responsibilities, but it is also a major adjustment. Parent education sessions and FLE home visits occasionally included discussions of the loss of self-esteem which men might be feeling who have lost their jobs, and the expressions of frustration and hostility which often result. There were also sessions on realistic ways to deal with reductions in income--money management, low-cost nutrition, and alternatives to expensive toys. But each family has to go through a painful period of adapting to the new situation.

Families experience other tensions, whether either parent is employed or not. Mothers feel that they do not have "space"--time away from their parenting and household responsibilities. For those who are wage earners this problem is compounded, not alleviated, by their extra job responsibilities. The burden of child care is accepted as the woman's, unless her husband wants to help. Abby Mitchell, whose husband Brad has been unemployed for two years, described how "cooped up" she feels with two preschool children and her husband at home all day. "I'd like to go for a walk or go to the library--just 15 or 30 minutes by myself once a week. But Brad won't take care of the kids--he says that's my job, not his." Abby occasionally takes the children to their grandparents' home for a few hours, but she rarely has money for gasoline to drive them there.

In the Hale family the husband/father commutes to work in a different city and is gone during almost all of the children's waking hours. His wife Joann enjoys being at home with their three small children, but since he must drive the family car, she has no transportation and sometimes feels trapped.

Single teenage mothers experience strain with their parents, especially if, as is usually the case, they remain in their parents' home. Although most of the teenagers whom I encountered felt that their parents had been supportive of them, there were still conflicts over child-rearing and their dual roles as teenagers and mothers.

There is a general lack of knowledge about child development, nutrition, and home management among FDP families; but those areas are the program's focus and such information is being acquired. An interest in their children's well-being and development is probably the greatest strength of these families; they are committed to the same goals as the program.

3.2.3 Length of Time in FDP

The longest time any family whom I observed had been in the program was two-and-a-half years. I encountered families who had been in the FDP for longer periods, and heard staff discuss others. It takes several months to become oriented to the program--to "learn the ropes" and understand the functions of HPT and FLE home visits and other staff at the center. The entire program is explained to a family when they first enroll, but then it is all so new and strange that many of the details do not make sense until a family has seen them in operation. Staff tend to forget how confusing the program is to newcomers, and thus do not explain it over and over again, as may be necessary for many people. Also, the assessment process (to be described in a later section of this chapter) often takes six months to complete. Thus, families may not be able to reap the full benefit of the FDP until they have been enrolled for six months or longer.

Staff also becomes more adept at identifying a family's needs and structuring a plan of action for them after the initial period of getting acquainted is completed. All three of the families classified by staff as "multi-problem/high risk" had been in the program for at least a year. All three families classified as "other" (not multi-problem) had been enrolled for less than six months. After I became well acquainted with all of the families, it was difficult for me to distinguish the "multi-problem" from the "other" families on the basis of the number and type of problems which each exhibited. It may be that if staff had been more familiar with the other families, at least one of them would have been considered multi-problem.

On the other hand, families may not continue to profit from all aspects of the program over long periods of participation. For example, after one or two years of attendance at Parent Education sessions, the topics become repetitious (there has been an attempt to alleviate this problem, through a new Parent Education design which is described later in this chapter). In other ways too, the program may become "stale" after a few years. Families who are in perpetual crisis either learn how to manage their lives better, and thus become less dependent on the program, or they continue to lean on the FDP but do not gain any skills for coping and simply weary FLEs and other staff with their problems. More stable families learn from the program and incorporate new ideas into their child-rearing and homemaking activities, and no longer need the program.

3.2.4 The Benefits of CFRP

The benefits of the Jackson FDP vary somewhat according to the needs and characteristics of a family. In general, the program provides advocacy for families with other community agencies, information on where and how to satisfy their immediate and long-range needs, social experiences through center activities for children and adults, and continuing emotional support in personal situations and in child-rearing. Families learn how to negotiate their way through the system of social services and community programs, how to cope with family responsibilities and limited resources. The Stevens family with a handicapped toddler feels that the FDP is mainly beneficial for Kathy, their older, Head Start-aged child, who was lonely and not receiving sufficient developmental guidance because of the family's preoccupation with Karen's illness and extended period of recovery.

Another mother, Joan Hale, felt that her oldest child, Sharon, a four-year-old, was very bright and learning quickly; "People said she ought to be in Head Start." When Joan enrolled her daughter in Head Start at Helmar, someone told her about the "family plan"--the FDP--and she agreed to enroll in the comprehensive program. Now she is pleased with the progress Sharon has made in Head Start, the HPT visits to her younger children, FLE visits to her, and her own attendance at Parent Education. She says, "They have made me a more responsible and concerned mother; they help me find out about things in the community, the right foods and nutrition; I'm really learning a lot about parenting." FLEs also provide a function of "reality testing" for many families: helping them state goals, design a manageable series of steps to achieve them, and support them as they attempt each step.

In a six-month period of study, it was not possible to observe many measurable changes. But the study families did seem to become more involved in and comfortable with the program from October to March. This was particularly true of the newer families--those who had been enrolled for six months or less--but even the veteran families seemed to "warm up" somehow. Everyone was quiet and passive, perhaps due to shyness, at fall Parent Education sessions, and attendance was usually limited to a handful of parents--from two to six. Attendance fell even lower in January and early February, during the most severe winter weather. After that, however, attendance picked up and so did interest. Home visits followed the same sort of gradual thawing process; although some families and home visitors (FLEs or HPTs) settled into a comfortable, productive relationship from the beginning, for others it took several months to adjust to each other and develop a routine.

I heard "testimony" about many kinds of changes, both from family members who had been affected and from staff about the families with whom they had worked. The following is an excerpt from one FLE's report to her supervisor about a woman who was enrolled in the FDP three years ago and the changes she has made in her life during that period:

> Sally has made some astounding progress in these three years! Three years ago she was living in a run-down apartment house, her relationship with her children was very poor, she was taking so much nerve medicine that she had a very low response level, she did not take care of herself or her children very well, and she felt isolated from any type of social contact and stayed much of the time at home.
>
> Today, Sally has a job, has lost several pounds and looks good, she has bought her own home and takes pride in decorating it, she discusses her children's progress in school with good humor and much pride, her eyes are clear and alert and she rarely takes any nerve medication.

For two of my families, change was measurable by studying their Family Progress Charts (see Appendix), on which FLEs plot a family's position on twelve areas of competence at six-month intervals. This is obviously a very subjective measurement, and may reflect the FLE's changing perceptions of a family's abilities and needs as much as it measures real progress. But it does provide at least a relative indication of change. These two families had been charted at three six-month intervals (although three families had been enrolled long enough to have been charted four or five times if it had been done every six months). The areas of greatest variation between time intervals tended to be Family Relationship (which improved at each interval), Living Situation/Housing (which fluctuated up and down between "critical need" and "satisfactory," probably reflecting family mobility), Special Problems (which also fluctuated but generally improved), and Problem Solving (which improved in each interval). Other forms used in reassessment, such as Goal Development Sheets and Developmental Action Plans, also yield information about a family's changes. (The assessment and reassessment process will be discussed in the next section of this chapter.)

Families themselves mentioned some of the ways they had changed since entering the program. Abby Mitchell said that the program had stimulated her interest in going to college; before enrolling in the FDP she had never considered college--she thought she was "too dumb"--and did not know there were financial aid programs available to help with tuition. Abby also said, "They have lots of ideas that I've never thought of--like different ways to discipline children that I've tried with success. Also, the staff has worked with children on so many different areas, and they can give me an idea of what to expect as my children grow. . . . They made me look at different viewpoints and help me understand myself and my children better." Other parents also spoke of increased self-awareness and understanding of their children as significant ways in which they had changed as a result of the FDP.

3.2.5 Family Variations in CFRP Experience

Not all families are equally involved in the FDP, or served equally well by it. It seems that the type of family which benefits most from the program is one which is isolated from other social support services, or one which is not closely tied to a church, extended family or neighbors and community. The Thomases are extremely active in their church--going to services several times a week and church-sponsored events in between. They are not very active in the FDP--one child, Donald, is in Head Start and two others were in Head Start until they went to kindergarten--but Kate, the mother, and infant Linda rarely attend center sessions (they came once during the six months of the study) and are not receiving HPT visits this year. Kate states that she likes the FDP and wants to continue her family's involvement, and she intends to start attending Parent Education sessions more often. But she does not seem to really need the FDP any more than she is already using it--mostly for the developmental benefits of Head Start. Kate offered numerous examples of times when FDP staff have offered to help her family in other ways--finding child care and homemaker assistance for her while her husband was in the hospital once, furniture or extra clothing for the children--but usually she has not accepted these types of services because she had already acquired them through her church. Another reason that Kate is less active than she could be in Parent Education and other center sessions is because she disagrees on religious grounds with some of the ideas presented (e.g., on discipline--she believes in physical punishment; the program advocates reasoning with the child) and the activities offered (e.g., there is occasional dancing during Family Fun Nights and that is not permitted by her church).

Another family, the Stevenses, are only minimally active, and although they have many needs they do not draw heavily on the resources of the FDP either. Neither parent attended any center sessions during the six-month study, although Laura assisted in her daughter Kathy's Head Start class once. Laura says that she attended Parent Education classes four or five times during the previous year; the father has never gone to center sessions. Religion is not their alternative or obstacle; rather, this family has a vast network of contacts in the community. They have a handicapped child who requires 6 hours of physical therapy each day, and more than 50 volunteers--solicited through newspaper articles and word of mouth among friends and acquaintances--share the responsibility for the therapy sessions. Since those volunteers come from all over Jackson, they are able to keep the family informed of various kinds of resources. The Stevenses appreciate the FDP and especially Head Start for Kathy, but they do not seem to be very dependent in other ways on the program.

Conversely, some families have no other support systems, and depend on the FDP much more heavily. Patricia Allen feels that the staff of the FDP is her family's only friend in a hostile, bureaucratic world of social welfare programs. They have a severely limited income and thus cannot afford to indulge in many social activities. Center sessions provide opportunities for the whole family to enjoy field trips, learning experiences, and the company of others, and they attend almost all of the activities.

Personality differences are also an important factor in determining a family's level of involvement in the FDP. One situation in which there is little rapport between parent and staff is described below. This woman is isolated and appears to need the kind of support and guidance which the FDP offers; but she is so closed and defensive that the staff dislike her and no longer attempt to reach her. On the other hand, there is Abby Mitchell, who is very open, enthusiastic, and friendly and, although she has a closely knit extended family and prior knowledge of community resources, she gains in many ways from the FDP--benefits that cannot be acquired elsewhere, such as learning crafts in the creative environments workshops, parenting skills in Parent Education, and new ways of helping her children learn by volunteering in the Head Start classroom.

In addition to personality and/or other forms of support, scheduling problems limit some families' participation in the FDP. Teenage mothers, who are in high school, usually cannot attend parent education sessions and often have difficulty arranging FLE and HPT home visits. A year or more ago a local high school agreed to permit mothers who were students there to come to parent education during school hours, and an FDP bus transported them from school to and from Helmar. But that was cancelled when all but one or two mothers lost interest. There was also a night parent education, but that was cancelled last November because of poor attendance. Working mothers and those in school say they were often too tired to attend night Parent Education, others were afraid to drive to Helmar after dark, or they had no transportation or child care--there was no bus service or I-T session provided for night Parent Education. In any event, the night sessions were only held once a month, so they provided less contact with the program for those who could not come in the mornings or afternoons.

Families do not necessarily have to participate fully or share the total "philosophy" of the FDP to remain enrolled. If they have good reason for not attending Parent Education sessions, for instance, they may not be dropped--it seems to depend on the Family Development Unit. In some FDUs, fairly regular attendance at Parent Education is mandatory; in other FDUs a decision as to whether or not a family should be required to attend Parent

Education or other activities seems to depend on the unit's evaluation of the family's needs. According to one FLE, there is no set rule determining whether or not a family should be dropped if it does not participate in all aspects of the FDP; it is up to each FDU to decide to admit, retain, or drop a family. Another FLE described two multi-problem/high-risk single mothers who, for various psychological reasons, feel that they cannot attend center sessions. The FLE felt that both women need their FLE home visits and to be able to call their FLE at any time. "Without the FDP they would have no hope at all," and their children would have none of the advantages of Head Start or of contact with outsiders in a developmentally significant way. Religious differences are respected, as for example in the case where dancing was prohibited--children of families who prohibit dancing are never expected to participate in dancing (or any activity that could be construed as dancing) in the classroom.

All of these kinds of differences among FDP families serve to make the CFRP experience different for each family. Length of time in the program, and where a family enters also help shape the experience: Which FDU? Do they have infants, toddlers, Head Starters, school linkage and/or older children? What time of year? Which year? Families who are categorized as multi-problem/high-risk probably receive more attention than others, which may mean that they also enjoy a fuller range of FDP experiences. For example, one of my families, classed as "other" did not receive any home visits from its FLE during February or early March. The mother asked her HPT, on each biweekly home visit, why the FLE had not come. "I really like her, tell her I'd like to see her." The HPT explained that the FLE was very busy with her other families: "She enjoys visiting you, but she has so many families in crisis that she's had to skip those who are not having problems." If FLEs had lighter caseloads, perhaps they would be able to give more attention to all of their families; but on the other hand, fewer families could be involved at all that way.

3.3 Needs Assessment

"Assessment is the heart of CFRP," the FLE Supervisor once stated. A family's needs and the parents' perceptions of those needs are identified through an elaborate assessment and reassessment process that continues throughout a family's enrollment in the Jackson Family Development Program. The process is defined by staff as the whole system of gathering data on a family--all tests, screenings, profiles, and achievement records. On a questionnaire which was distributed to FDP parents in January 1981, respondents rated assessment as the most helpful part of the program. According to the FLE Supervisor, parents were probably referring to the goal-setting component, since that is the most visible part of the assessment process at Jackson.

The initial assessment may take as long as six months to complete. Most of it is done by FLEs; they complete Recruitment and Enrollment Forms, a 17-page Family Profile, a Goal Development Sheet, and a Developmental Action Plan (copies of all the assessment forms are included in the Appendix). The Family Profile includes specific information on demographic characteristics--family size, ages, race, sex; socioeconomic factors--education, income, employment, detailed description of the home and neighborhood; and social relationships within the family and with the community. FLEs are not expected to complete these forms quickly; they usually try to do only a few pages at a time, while the families get to know them. Many of the items on the Family Profile probe into sensitive, private aspects of family life, and trust needs to be established before FLE and parent can broach the topics. Respondents are always free to refuse to answer any questions; but when the inquiry is handled delicately, they are less likely to do so.

HPTs complete assessments of the infants, toddlers, and three-year-olds in a family, including health records and the Portage checklist, and complete a Six Month Developmental Plan for each child based on the Portage Guide to Education. The Portage Guide consists of a checklist of behaviors in six areas--infant stimulation, socialization, language, self-help, cognitive, and motor. Each area is divided according to age level: 0-1, 1-2, 2-3, 3-4, 4-5, and 5-6. Columns are included in which a monitor (the child's parent and/or HPT) can check each behavior, note when the child accomplished it, and make comments. A copy of the Portage Guide is included in the Appendix. Head Start teachers assess the three- and four-year-old children in the classrooms, and complete a Parent-Staff Conference Report on each child's apparent strengths and weaknesses. Each child's assessment includes visual, dental, and hearing screenings.

Each family is discussed during its FDU's meetings--by its FLE, HPTs, Head Start teacher and aides. If special problems seem to be present (e.g., a handicapped child, psychological disorders, abuse or neglect) an expert is invited to observe the child or accompany the FDU to the home for an assessment. Otherwise, a team assessment is not a usual part of the process, and parents are not expected to be present when the FDU discusses their case. Staff feels that it would be "intimidating and too clinical" for a family to hear itself discussed by the FDU. Instead, the reactions and recommendations are conveyed on a one-to-one basis by the FLE or HPT.

I observed FLEs and HPTs filling out assessment forms several times during home visits, but I did not feel that I was actually seeing the assessment process for several months. Then one FLE helped me to understand why the process was eluding me. She said that completing the forms is not the assessment; the assessment is the interpretation of the forms, the determination of needs and goals which she makes after filling out the forms. The FLE cannot "make an assessment" until she obtains all of the information about the family. At least this FLE felt that a family cannot usually articulate their goals until they have thought about goals for a while and discussed their ideas with her. The FLE was not being condescending about a family's ability to determine its own goals; she simply felt that since most FDP families have had no past experience with goal-setting, they need help and encouragement.

This FLE follows a procedure of introducing the Goal Development Sheet to parents during her first or second home visit, briefly explaining what it is, and leaving a copy with them. On subsequent visits, while continuing to work on the Family Profile, she starts asking specific questions which might indicate a family's goals. For example, the Profile includes questions about educational attainment, which could elicit the information that a parent would like to acquire more education; or the question of "How satisfied are you with your life as a housewife?" might lead to the discovery that a mother wants to find a job outside the home, or feels she should contribute to the family's income, or enjoys her role as full-time homemaker and mother but needs some outside interests. The FLE accumulates information over a period of several home visits. If the family members do not fill in any goals themselves on the sheet she left with them (and I did not observe any families who did), she will initiate the process by filling in a "sample" goal development sheet with some goals which she thinks she has heard this family expressing. She explains how she identified these goals and asks if the family agrees that these are goals which they want to attain. The families are usually surprised at the apparent simplicity of setting goals, and at how accurately the goals seem to reflect their desires. This is probably because they have been thinking in abstract, general ways, and have not seen specific objectives.

I am not certain that all FLEs follow this same complex procedure of assessment. It appeared that another FLE merely wrote whatever the family said in response to her question, "What are your goals?" But if the stated goal was obviously unrealistic, the FLE tried to help make it more manageable. As an example, if a family said its goal was to have one child become a teacher, the FLE would work on identifying ways the parents could help the child prepare for school and start saving money for college.

Other FLEs seemed to be somewhere between these two styles in their assessment procedures. It would be fair to say that all FLEs have some sort of "agenda" for their families, an idea of what they want to see happen, what changes they hope will occur for each family through the FDP. This agenda includes both short-term and long-range goals. For Michelle Barnes, the pregnant teenager, her FLE wants to help her get into a birth class at a local hospital, obtain information on neonatal care, and stay motivated to finish high school. (Michelle herself has not expressed an interest in finishing school, and the FLE is worried that the young mother will not think school is important once she has her baby.) For Joann Hale, a mother with three small children and some apparent marital problems, her FLE wants to give her support, help her find some ways to develop and use her creative energy, and learn how to communicate better with her husband. For Brenda and Bill Pierce, a couple who are deeply in debt and out of work, a FLE hopes to teach some budgeting skills and help them develop a more realistic standard of living. In each of these cases, the FLE is projecting some goals which she thinks would help the family.

If the assessment process is the heart of CFRP, then goal-setting is the core of assessment. The program helps families articulate manageable steps which they can take to reach long-range goals. Most people might agree that their goal is to build "a better life," or a better relationship with their child, but they often do not know how to accomplish these objectives. The FDP helps families recognize what must be done to make the goal possible, and the steps themselves become short-term goals.

The assessment process is followed by regular reassessments, ideally every six months. This includes updating the Family Progress Charts (described earlier), reviewing the goals that were set in the previous six months, discussing a family's progress toward accomplishing the old goals, and setting new goals for the next six-month period. One FLE told me that she only makes home visits when she has an assessment or a reassessment to do (thus, once every six months). In her families then, goal-setting seems to be the bulk of the FLE input. Other FLEs are less narrowly focused, and make regular monthly home visits at which they may not directly discuss goals at all for several months. But all FLEs definitely follow up on old goals and regularly help set new ones. HPTs follow a similar process with the Portage Guide--each family has its own copy of the Portage and is encouraged to keep notes on each child's progress, and the HPT updates her copy with the parents' help every six months. By reviewing previous goals and a family's progress toward achieving them, and a child's development, FLEs and HPTs accomplish positive reinforcement of a family's efforts. Such feedback also teaches the families how to be more aware of their own accomplishments.

The success and the extent of the needs assessment process partially depends on the style of the individual FLE or HPT, how much effort she expends on it--whether she simply completes the mandatory forms or spends extra time thinking about what she has heard and trying to interpret/express parents' needs. The outcome also depends on the personality and motivation of family members--how interested they are in setting goals and pursuing them. For instance, one mother seemed to be fairly frank and open, but her FLE felt that the woman's joking manner was a cover for some deeply felt pain and needs. So the FLE was listening intently, constantly trying to penetrate the mask. However, this mother stuck me as a person who would probably not think deeply about most issues, or take much initiative to actualize the goals she and her FLE set, or follow the suggestions her HPT made for working with her children. This impression seemed confirmed by the fact that the mother had never looked at materials which were left by the HPT or FLE by the next time each came. She could never find the Goal Development sheets or the Portage Guide which the home visitor had left the last time. This apparent lack of commitment may have been due to the family's short time in the FDP--perhaps when she has become better acquainted with the program's intent the mother will become oriented toward goals. But as it is, no amount of conscientious attention from FLE and HPT can totally compensate for the mother's disinterest.

On the other extreme is Abby Mitchell, who receives only six-month reassessment visits from her FLE (who, as mentioned earlier, only makes home visits when an assessment is due) and sporadic monthly visits from her HPT (who missed three of her scheduled visits to this family during the six months of the study due to illness or scheduling conflicts); because of her heavy caseload, this HPT only visits families with infants or toddlers once a month. Yet Abby is intensely interested in the program and works with each of her children every day according to the Portage Guide and to suggestions for activities which she picks up by reading and going to the center for

Parent Education and to volunteer in the Head Start class. At her first six-month reassessment she had details to report about each of her goals, and felt that she had made progress on all the goals she originally set. Abby would perhaps have been even further along had her FLE and HPT been more actively involved with her, but she was sufficiently self-motivated to benefit greatly from the exercise of goal-setting.

Needs assessment, then, is integral to CFRP in Jackson. Through it families learn to recognize the kinds of changes they want to make in their lives, and how to implement those changes.

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3.4 Program Activities

As indicated above, the Jackson FDP staff consider child development to be their central focus. All of their program activities, either directly--in children's center sessions and HPT home visits, or indirectly--in Parent Education and FLE home visits, are thought to contribute to the objective of enhancing child development. In the following sections program activities that are directly involved with the children of FDP families, as well as program activities which focus on the parents in the FDP, will be described.

3.4.1 FLE Home Visits

FLE home visits are focused entirely on family needs, and most attention is directed toward the mother. Often a FLE does not have any interaction with the children at all, or it is a minimal, socializing type of contact--saying hello to the child, admiring a toy which she or he might show the FLE. There is no curriculum guide for FLE visits and, except for times when they are working on an assessment or reassessment, FLE visits are much less structured than HPT visits. A FLE may schedule a home visit with nothing more specific in mind than to see how things are going for a family.

FLEs seem always to be listening carefully on home visits. In the course of a casual conversation between mother and FLE, the FLE will pick up on a chance remark and lead the conversation until she identifies a possible want or need. For example, FLE Beth was visiting Laura, who along with her husband and two children is living with her parents for financial reasons. During a home visit Laura indicated that she could not really talk about her needs, goals, or problems because her mother was present and apparently listening to Laura and Beth while she dusted in the next room. So Beth casually said, "How would you like to come into Helmar tomorrow morning and meet me?" Laura eagerly agreed, and the next day she and Beth were able to talk for over an hour about the tensions at home and some possible solutions. The listening serves another major function during FLE home visits: providing a much needed outlet for pent-up frustrations; when there is no forseeable solution to a problem, the FLE can at least listen and empathize.

In general, FLE home visits deal with the crises and everyday needs of FDP families. On a typical visit between FLE Mary and mother Kate, the two admired Kate's six-month-old daughter Linda and talked about how much she had grown since the last visit. Eventually Mary asked Kate if she had any needs with which the program could help her (Kate's family has been enrolled in the FDP for more than two years and she is familiar with the program's services). Kate said finances are always a need and Mary asked her if the family were still on WIC; Kate is only receiving juice and cereal for the baby, but she said that helps quite a bit. Kate and Mary talked about expected cuts in WIC and food stamps and how that might affect Kate's family.

FLE Mary asked Kate if she had any other needs. Kate said she'd like to spend more time with her children; she just does not seem to find enough time to do things with them. Mary said she would bring Kate an organizational chart and help her fill it out. Kate was dubious; she said she would fill out the chart, but she probably would not have time to follow it.

Kate asked Mary if there were any sewing classes at Helmar. Her oldest daughter is interested in learning to sew and Kate wants to encourage her. Mary did not think there were any sewing classes being offered presently but she thought there might be one in the summer, or she might be able to find one elsewhere in town, and she promised to look into it for Kate. After asking Kate if she had any other needs, or anything else she wanted to discuss, Mary got up to leave. Kate thanked her for coming and Mary said goodbye. The visit took less than 45 minutes.

Although ostensibly an hour long, most FLE visits are somewhat shorter than that. FLEs carry an average caseload of 40 families, although one FLE had 27 and another had 45. These loads create stress and pressure for FLEs, who may be called regularly by several of their families who are experiencing continuing crises. Since FLEs also have other responsibilities besides home visits--coordinating the FDUs, conducting a Parent Education session every other week, advocating for families with other agencies--home visits may be the easiest part of their schedules to eliminate. FLE home visits are supposed to take place once a month; but there is no month-to-month schedule of visits to each family, and visits are therefore somewhat sporadic, with little control to assure regularity. There were several occasions when families did not receive a monthly FLE visit, usually because the FLEs were too busy with other families' crises. There are frequent telephone calls between FLEs and program mothers, so if a visit is not made every month, there is probably at least telephone contact maintained. One FLE did not make monthly visits at all, but made home visits only to do assessments and reassessments--every six months. Since FLEs are coordinators of the FDUs, their role is less exclusively focused on making home visits than is the HPTs' role; thus FLE visits are only a part of their service to families. FLE flexibility may be both their greatest strength, in enabling them to assist families with changing needs, and their greatest weakness, in failing to provide continuity.

In March FLEs began keeping a log of their contacts with families (a copy of this Family Contact Control Sheet is included in the Appendix). This will be a brief record of telephone calls, referrals, home visits--every kind of contact, and will be especially helpful if one FLE is sick or leaves in maintaining continuity with the families. Until then, no record was made of home visits or telephone calls; the records consisted of Family Profiles, goals/needs assessments, and requests for services. This should be an improvement since under the previous system most "records" of contact were kept in the FLE's head. One FLE told me she thought it would be hard to keep records of home visits, since "we forget a lot by the time we get out of the house," but she thought it was a good idea to at least write a brief note.

3.4.2 HPT Home Visits

Home Parent Teachers at Helmar visit three-year-olds once a week, and infant-toddlers every other week. There are different HPTs for three-year-olds and infant-toddlers. At Kelly Center, which has only one HPT for both age groups of children, three-year-olds are visited every other week and infants or toddlers are visited once a month. HPTs, who are expected to schedule twice as many home visits a month as FLEs (or 4 times as many if they are 3-year-old HPTs), have an average of 18 families each. If a family has both a three-year-old and an infant or toddler, a three-year-old's HPT visits both children, working with the older child every week and the younger child during part of every other visit.

Among the eight families studied, six were eligible for HPT visits; the seventh, Michelle Barnes, the pregnant teenager, would not receive HPT visits until her child was born; the eighth, Ruth Jefferson, was a "drop-out"--inactive although she was reinstated in late March and presumably began having HPT visits again after that. Of the six eligible families, only the Hales received regular, biweekly HPT visits to its infant and toddler. The Mitchells and the Allens were enrolled at Kelly, where the HPT only schedules home visits once a month to infants and toddlers; and she missed three of her monthly visits during the study. The Thomases were not visited at all by an HPT; they had a new baby in September but the I-T HPT in their unit had no room in her schedule for them until next year. The Pierce family had four visits by a three-year-old's HPT (who ostensibly visits her children every week). Due to various problems--the HPT was ill for several weeks, and the mother works part-time and did not want the HPT to visit when she was not home and the father was caring for the children--most visits to this family were missed. And the Stevens, whose toddler is handicapped, did not receive visits between November and late February, because their HPT was working with the special needs coordinator to design a curriculum for the child. In March she began making biweekly visits.

HPT visits are devoted entirely to child development. The home visitor talks to the mother (or, in some cases, the father or both parents) about what the child has done since the last visit, and often has some kind of literature--brochures or photostatic copies of pages from a book or magazine--to give the parent about that child's developmental stage. HPT visits are based on the Portage Guide; the HPT selects activities which apply to the six general areas of development--infant stimulation, socialization, language, self-help, cognitive, motor. However, there is not a specific curriculum to which HPTs refer for each home visit; they choose different exercises for each child and remain flexible--if the child or the mother does not seem interested in what the HPT has chosen, she will often adapt the activities spontaneously.

HPTs keep records of every home visit (see Appendix sheet entitled Home Visitation Program--Weekly Report) and have done so for several years. This is a more elaborate record than the FLE record, and provides information on the visit's purpose, plan, and outcome. Each HPT submits her reports weekly to the HPT supervisor, who reads them and makes suggestions for future visits before filing the reports. There has been more turnover among HPTs than among FLEs, so the detailed records have been helpful in informing new HPTs about their predecessors' activities.

HPT visits are of one hour's duration. Often families have more than one infant-toddler--perhaps one infant (12 months or younger) and one toddler (between 12 and 36 months). In this type of situation, the HPT works with each child separately for half of her visit. One family which I observed, the Hales, had two children in this age group.* During a typical visit by their HPT, Susan, to Ben--who was then five months old, and Michael--who was two-and-a-half years old, Susan decided to work with Ben first, because he was awake and might not be as alert in another 30 minutes. She gave the mother, Joann, photostatic copies of some pages from Learning Games for Infants and Toddlers (by Lally and Gordon), and talked about a few of the points which she had underlined about infants of Ben's age.

Susan spent the remainder of her visit directing Joann in what to do with her children. Joann got down on the floor in front of Ben and talked to him, tried to get him to crawl by placing objects in front of him. HPT Susan got down on the floor also, and laid out a hand puppet, some plastic beads, and a small stuffed animal which she had brought with her. Susan held the toys in front of Ben one at a time. He did not seem to be inclined to crawl that day and Joann (mother) was frustrated, but Susan (HPT) pointed out that "there's a lot for a baby to see from that angle" and he might just be more interested in looking around. He was holding up his head and looking around, and Susan commented that he has good neck and arm strength. This sort of interaction continued throughout the 30 minutes which Susan spent with Ben. She stayed somewhat further away from Ben and let Joann, his mother, do most of the interacting with him.

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*The toddler had his third birthday in late January, but the FDU decided that the I-T HPT would continue working with him and the younger child, since the three-year-old's HPT in that unit had no space in her schedule for another family.

When Ben started getting fussy, Joann sat him on the floor and handed him the beads. He took them with his left hand and then switched them to his right. Susan pointed out that he had switched and told Joann to give him another toy and see if he took it with his left hand or dropped the beads to take the new toy with his right hand. He held onto the beads and took the new toy in his left hand, but dropped it in a few seconds and continued to hold the beads with his right hand. Susan laughed and did not pursue the experiment.

When half an hour had elapsed, Susan asked Joann to call Michael, who had been sent upstairs to play while the HPT and mother concentrated on baby Ben. Two-and-a-half-year-old Michael came eagerly to his time with "teacher." His mother continued to hold Ben on her lap, but paid attention to Susan and worked with Michael as Susan directed. During this time, they all sat around the kitchen table.

Susan began by showing Michael a small hard-cover plastic book entitled Look Book: Small Wonders, which had pocketed plastic pages in which different pictures could be inserted. Susan had filled the book with pictures of children doing different activities, such as eating, dressing, playing, reading, and running. Susan explained to Joann that she was interested in learning whether or not Michael adds "ing" to words, that often young children only say "he play" or "she run." Then Susan gave the book to Joann and said, "So why don't you show him the pictures and see what he says." Joann held the book in front of Michael and went through it page by page, asking Michael "What's he doing?" Michael responded, "eating," or "sleeping," but he was easily distracted by other activities in the room (Joann's sister had just arrived and was using the telephone in the same room and frequently interrupting Joann and Susan with comments or questions). Joann remained patient and persistent most of the time; saying "come on, Michael, come on honey, tell mama what he's doing. . . . What's he doing, Michael?" HPT Susan listened and made few comments, only occasionally supplementing Joann's coaching with "Tell me what he's doing in this picture, Michael." Joann became impatient once and said "If you don't say it you can't have any birthday cake." This threat seemed to upset Susan, who murmured as if she wanted to object, but she did not say anything. (There did not seem to be a unified attitude toward punishment among staff. On one occasion a mother gave her child two swats with her hand for not obeying her and the HPT intervened saying "Instead of hitting him, why didn't you try explaining to him what you wanted him to do?" But at another home, with a different FLE, a father gave his son a spanking--over his knee and with a paddle--and the FLE said nothing. Later she told me, "I was listening and he wasn't hurting the child; besides, the kid deserved a spanking.")

Michael eventually named all of the activities; and after finishing the book Susan put it back in her tote bag and brought out a set of eight progressively smaller, differently colored plastic rings, stacked on a wooden base and pole. She asked Michael to take off all of the rings and he did so, with his mother Joann helping and encouraging him. Then Susan asked Michael to put them back on the pole in order, starting with the biggest ring. With each ring, Joann would say "What's the biggest one?" or "Pick up the next biggest one." If he made a mistake she'd say "Wait, is that the biggest?" Michael got all the rings on the pole in the right order and Susan and Joann both clapped their hands and exclaimed "Yay, Michael, you did it!" Then Susan asked him to take the rings all off again and start over. He got most of them on in the right order again (with slightly less guidance from Joann, who was again distracted by her sister). Susan explained that it is a very difficult task--the rings are so close to the same size--and she pointed out that when Michael was concentrating and Joann was reminding him each time to get the biggest one, he did it, so he was distinguishing "biggest." Susan left the ring toy with Michael until her next visit, so Joann could help him "practice." On her next visit, Susan asked to see how well Michael was doing and he had improved some, although he still needed to be reminded by Joann each time to "look for the biggest one."

After setting aside the ring toy, Susan got out three sheets of construction paper (black, green, and pink) and a jar of white tempera (water-based) paint. She explained to Joann "This next activity is an art project but it's also to teach them how to fold." She asked Michael to choose the color of paper he wanted and he chose black (after much joking and coaching from his aunt to "show some soul!"). Susan helped him shake up the paint, by holding her hands over his on the jar and shaking. Then Susan told Michael to spread some paint on the paper; he dropped a huge glob onto the paper, and part of it ran onto the table. Joann looked very alarmed and feigned a heart attack at the mess--her house is very neat and clean, and apparently she does not allow the children to leave any clutter, at least downstairs. Susan joked that her real intention was "to mess up mama's kitchen," but then reassured Joann that the paint was water-based (it looked like glue and may have been more upsetting to Joann because of that). Joann's sister got a wet cloth and quickly cleaned up the mess.

Susan helped Michael fold the paper in half, with the paint inside, and pat it all over, then open it and see the design. Joann and her sister immediately said "Oh, it's a butterfly;" but after looking at it for a minute, Susan said "I think it looks like two ducks hugging" and showed them how it could be seen that way. Michael said nothing.

Susan let Michael pick another sheet of paper (green), and he made another picture, this time with his mother's help rather than Susan's. No one else had any interpretations of this picture, but Susan said it looked like "a rocking-horse sheep, I mean a rocking sheep," and showed how. She was thus creative, but the interpretations seemed to be more for the benefit of the adults than for Michael, who was not shown how the designs looked. Susan said, "Now, Joann, you can hang them up." Joann did not look enthusiastic--there were no children's works hung in the living room or kitchen, and Susan commented on that, but Joann hastily said she'd had some drawings up until the preceding day.

Before leaving, Susan gave Joann a mimeographed sheet of folding activities to practice with Michael, and a choice of things they could make next time. Susan said, "Next time we'll make something, but I want to be sure it's something you want to do." Joann chose a paper bag puppet and said she wanted to make it with an Afro. Susan promised to bring materials for the puppet on her next visit.

HPT home visits were sometimes very different from the one just described. Not all HPTs are as experienced as Susan, and not all mothers are as enthusiastic and outgoing as Joann. For example, I observed the following home visit of HPT Marsha with Brenda and her three-year-old son Jeff in December. This was the first HPT visit which had been made to this family. Marsha asked Jeff if he wanted to make a chain for the Christmas tree; he said yes, and she cut strips of construction paper. Then she asked Brenda (mother) for a sheet of newspaper to cover the table--Brenda, Marsha, and Jeff were sitting at the dining room table. Marsha showed Jeff how to glue the strips into rings and put them together into a chain. Jeff's four-year-old brother Billy had also climbed up onto a chair to watch, so Marsha suggested that Jeff put the glue on the paper and give each strip to Billy to put together in the chain. While the boys worked, Brenda went into the next room to talk to her husband for a few minutes, and then made herself a sandwich, excusing herself to us and saying that she was starving--she had just come home from work. Later Marsha (HPT) told me that she had really wanted to get Brenda involved with the boys and she thought Brenda was uncooperative. However, I did not observe that Marsha ever indicated that she wanted Brenda to participate, and since it was the first HPT visit, Brenda may have had no idea that it was appropriate for her even to stay in the room. I asked Marsha if Brenda knew she was supposed to participate and Marsha looked very surprised as she said, "Well, I assume she did." Brenda's FLE heard my question and said "That was certainly explained to her when she joined the program"; but Brenda enrolled several months before she received her first HPT visit, and it was not explained to her again, in my presence.

During Marsha's visit there was no mention of the developmental value of the chain-making activity. Before she left, Marsha cut several more strips and left them, saying to Brenda, "They can work on that all evening--it will keep them out of the way!" and laughed. In a private interview with Brenda a few weeks later, I asked her, "Do you think making chains was for play or did it help Jeff learn something?" Brenda responded, "Learning, I guess. He learned how to make chains and he didn't know before."

The above example again brings up the question of whether or not parents understand and remember the purpose of CFRP. It may not be stressed enough, but is assumed to be clear after the initial explanation. However, Brenda's case may be extreme, since she had not had any other HPT visits and also had not attended Parent Education for two or three months because of her part-time job. Perhaps the program's goals must be reinforced through parents' participation in various activities.

3.4.3 Parents' Center Sessions

The principal center sessions for FDP parents are the Parent Education sessions, although there are also occasional special workshops--such as one sponsored by Head Start on helping children develop pre-reading skills and school survival strategies, to which all staff and parents were invited. Parents are also encouraged to volunteer in the classroom, as a good way to show them what their children are learning and how to extend those experiences at home. Weekly staff training sessions are sometimes open to parents, if they involve topics of general interest and information; and parents may attend special conferences, such as a two-day child development conference sponsored by the Michigan Association for the Education of Young Children, for which transportation, lunch, and registration fellowships were provided for all interested parents. However, Parent Education remains the major center activity for parents.

Parent Education

In past years, Parent Education (PE) sessions were all conducted by FLEs; each FLE had her own families in groups which met twice a month;

and this is still the case at Kelly. The staff at Helmar Center, however, has been experimenting this year with a new format for PE. They divided all of the families into two groups: those who are new to the FDP this year, and those who have been in the FDP for at least one year. Those who are new were assigned to "Phase I" PE, and those who participated last year (and perhaps before that) were assigned to "Phase II" PE. Phase I PE sessions are all conducted by either the parent educator or the training coordinator, and are considered "basic parenting sessions," covering topics such as separation and discipline. Topics are generally selected by the parent educator, although they include a few topics which the parents request, such as "Does your vote really count?" and sibling rivalry. In contrast, each FLE conducts one Phase II PE group, and all session topics are chosen by the participating parents. The purpose of the division was to protect returning parents from the boredom of repeating sessions they attended last year, while enabling new parents to experience those sessions. The two types of groups meet on alternate weeks, so that each meets approximately twice a month. All sessions are two-and-one-half hours long.

There was considerable controversy about the two-phase design this year, and it probably will be modified next year. Initial dissatisfaction with the design stemmed from the belief on the part of several parents and FLEs that the new set-up was confusing. In previous years each FLE was group facilitator for PEs for all of her families, and thus interacted with each family on both an individual, at-home basis, and a group, center-session basis. She could pick up clues from PE discussions about problems and concerns that could later be dealt with privately; and she could steer PE discussions towards issues which she knew were troubling various individuals. Now a FLE may only have one or two of her own families in her PE group, and may have no contact outside the biweekly group meetings with the majority of participants.

Group cohesion is further inhibited by the fact that now PEs are made up of parents with children in different classrooms; last year all of the members of a PE group were from the same Family Development Unit and thus all of their children were in the same Head Start classroom (or had been or would be in that classroom). Now the parents are assigned according to whether their children come on Tuesday and Wednesday or on Thursday and Friday, and on whether or not the parents were in the FDP last year, so their children may be in any of the classrooms. Kelly follows last year's PE model because there is only one FLE at Kelly and she conducts all PEs, as Phase I sessions. Parents are assigned to PE at Kelly according to when their youngest (three- or four-year-old) child attends class.

Whether the two-phase set-up is to blame or not, poor attendance at PE is a major problem at Helmar, and to a lesser extent at Kelly. Everyone involved in PE--parents, FLEs, and the Parent Educator--is concerned about the low level of parent involvement. The FDP has developed an incentives plan to encourage parent participation, to be described in greater detail later in this section. Only three of the eight study families--mothers only in two families, both adults in the third family--attended PE with any regularity, and even they missed approximately one in every three sessions. Three of the study families never attended PE during the six months; and in each of the other two families, the mother attended one PE.

Parent education sessions follow a well-organized format, which is basically the same for Phase I and Phase II sessions. At every other meeting, or once every four weeks, the first hour is devoted to a "center (business) meeting"--in which the group's elected chair, secretary, treasurer, and Policy Council representative make a report to the rest of the group. The group's facilitator (FLE, Parent Educator, or Training Coordinator) acts only as an advisor on parliamentary procedure, reminding the chair that motions have to be made, seconded, and voted on, for example. Business usually consists of discussing fund-raising ideas or projects for the classrooms, such as making each child a Christmas stocking and what to put in it, or planning a Halloween Party. Business meetings also include announcements, usually by the FLE or a Policy Council representative, of center events, such as a free blood pressure clinic and a Family Fun Night, or of community services available to FDP families, such as a state-funded program to aid low-income families with their heating bills.

After the center meeting there is a 15- to 20-minute break during which parents may go upstairs to the Head Start classrooms and talk to their children's teachers, or to see their FLEs or take care of other individual concerns. The remainder of the session is devoted to a topic of parenting. At the alternate PEs (when there is no center meeting), the parenting topic takes up the entire two-and-a-half hours.

At Kelly, by contrast, the PEs begin with a visit to the parents by the Head Start teacher. She talks to the mothers about current classroom activities and suggests ways they can reinforce classroom learning with exercises at home.

One of the Phase II groups covered the following topics during October, November, and December: first aid and CPR, macrame and ceramics, sibling rivalry, "Will you please stop fighting," building adult self-esteem, and creative environment workshop. The topics for the remainder of the year (January through May) were budgeting, children and lying, nutrition, what to do for entertainment with no money and no babysitter, personal care, how to help children cope with not seeing their father or with a visiting father who hassles a lot, and how a single can have a sex life and still be a good parent. Except for the first three of the January-to-May topics, these are all topics which the parents suggested and voted to include. The FLE told them they would also have to follow program guidelines and have sessions on certain mandated topics, and nutrition is an example of those.

The Phase I PEs have included the topics of discipline, toilet training, assessing toys, separation, and independence. For the rest of the year the topics include the following: "You deserve a break today" (self-esteem), money management, nutrition, "Will you please stop fighting," "Help, there's a monster in my room," building children's confidence, new kid on the block, and no more stork stories.

All of the Phase I and most of the Phase II PEs which I have observed have included audiovisual presentations--often a videotape from the PBS "Footsteps" series--and at every session the facilitator has given the parents at least a one-page printed handout on the topic. Thus, the group receives a handout and the facilitator reads a few points from it to introduce the topic, a videotape or filmstrip on the day's topic is shown, and discussion follows. Discussion tends to focus on personal experiences of the parents which relate to the topic, or to questions about how to handle various situations. Parent education emphasizes parenting skills more than child development; and there is also some emphasis on family relationships and personal concerns--good grooming, home decorating, and budget management.

One of the PE sessions which I observed concerned discipline. A handout was distributed (see Appendix) and a "Footsteps" videotape, entitled "Spare the Rod," was shown. Then the facilitator read aloud three situations--a child throws a temper tantrum in a grocery store, a child takes a toy from another child and starts a fight, a child eats between meals and will not eat at mealtimes--and asked what the participants thought should be done in each situation. There were three mothers present, and each responded with examples from her own experience which were analogous to the three problem situations. They also each added descriptions of other discipline problems and asked each other and the facilitator for advice on how to handle them. The facilitator encouraged discussion, and gave everyone time to think and suggest solutions before answering herself; her answers were always in the form of suggestions, not as if she had all the right answers. She ended the session by reading aloud the major points on the handout, and allowing discussion of them. Joann, one of the mothers from my study sample, was present at that PE, and I later heard her refer to it several times, in discussions with her FLE, her HPT, and when I interviewed her alone. She felt that she had learned a great deal that day, and explained "I used to holler at my kids but I have been trying what they said--to talk to the kids and explain why I say no--and it really works."

Another Parent Education session in early December focused on Christmas toy selection. During the first hour there was a discussion of commercial toys--their advantages and limitations--with a nine-page photocopied handout of illustrations and critiques of various toys. The facilitator said, "We can't recommend or advise against specific toys, but we can point out their possible limitations or advantages." The facilitator also distributed and discussed a list of criteria for selecting toys: Is it durable? Can it be used for more than one thing? Does it encourage make-believe or problem-solving? She showed a five-minute slide/tape show about selecting toys. There were six parents (five women and one man) present and they all contributed examples of shoddy toys and less expensive, more durable alternatives which each had made. For example, one parent had made a toy box out of an industrial soap container, and told the others where to find boxes and cut them. The facilitator described how to make a dollhouse out of cardboard boxes, wallpaper samples, and scraps of fabric.

During the second half of the session, the facilitator showed the parents three toys they could make, and explained what a child could learn from each: a drum--from a coffee can, vinyl, and wallpaper samples, with a drumstick from the cardboard rolls of pantshangers; a hand puppet--from felt or cotton fabric, sewed or glued together; and a doll stuffed with cotton that could have zippers, buttons, shoelaces sewn into it to teach the child how to dress. Each parent chose one toy and made it that day at the center. The facilitator helped each parent if s/he asked for help by demonstrating a task, and reinforced each person with praise. For example, Patricia was making a puppet and she said she did not want to glue plastic eyes on the puppet because Jason, her toddler, would pull them off and probably eat them. The facilitator suggested making the eyes from felt and sewing them onto the puppet. Patricia made felt eyes and huge green eyelashes, and the facilitator held up the puppet for everyone to see how cute it was. By the end of the session, everyone had completed one toy and could take materials home if they wished to make another.

Most of the parents said that they enjoyed PE, although many of them did not attend regularly. One mother thought it was "really boring sometimes," but she had no suggestions for making it more interesting, "I don't really think they could make PE any better--they just have to cover some topics that are boring." By contrast, another mother of about the same age said that she really enjoys PE, wishes it met every week and lasted longer. Two-and-a-half hours does not seem long enough to her, and they usually do not get started until almost half an hour late--they come on buses and the buses are late, people talk a while when they first get there, and there is a lot of socializing; she likes all that, but would stay longer if possible. Another woman thinks more parents would come to PE if they knew what it is like; "It's not just taking notes and sitting still, like school; there's much more involvement." She thinks the main flaw in PE is that so few parents attend; "If more parents would come, it would be better."

The Incentive Plan

In an effort to stimulate greater participation, the Jackson FDP has developed an incentive plan to encourage and reward parents' involvement. Each time a parent attends a PE, volunteers in the classroom, or goes to Policy Council, she or he receives stamps (the amount varies with the activity) which may be redeemed for items such as toys or household goods. The program acquires these items by soliciting donations from local merchants, and prices them at 50 cents per stamp. They try to get donations that will be compatible with the goals of the program, such as developmental toys. They are very creative about making donations tie into program goals. For example, a beauty shop donated coupons for free hair styling, and the program classified them as enhancing self-esteem. One of the most popular items is a $5 gift certificate to Pizza Hut. When asked how that was tied into program goals, a staff member said that hopefully an outing to Pizza Hut would provide an occasion for family interaction.

According to Jackson staff, no other CFRP has this type of incentive plan. One program has an auction, but Jackson staff think that promotes competitiveness and inhibits planning ahead, since parents do not know until the auction how much an item will cost. This way encourages self-discipline and planning skills. Stamps may be redeemed once a month, or accumulated as long as the individual wishes.

During the last week before Christmas the FDP received a large donation of toys from a local company--800 to 900 new toys which were "left over" from that company's employee Christmas party. Parents started coming in as soon as the center opened that day, and most of the toys were gone within an hour. Many of the parents were thrilled, since they had already run out of money for Christmas presents. One of the FLEs said that she saw expressions on many parents' faces which she interpreted as "Boy, if I'd come to PE more or volunteered in the classroom I'd have gotten more stamps," and she thought this exchange was really good for helping parents see the value of participating. There is an incentives display case in the PE room, but it has not had much in it lately, so parents might not have been very motivated to work for stamps. The toys might be more worth remembering.

The FLE's hunch might be corrected. When I talked to one mother in January who had not attended any PEs during my period of observation, I asked her if there were any other ways the FDP might have helped her, and she said, "Yes! They could have told me about the stamps!" She said she had not heard of the incentives program until the day of the toy redemption, when her FLE called her to tell her she could bring in her stamps if she had any. This mother was sorry she did not have any stamps, since she still needed to buy Christmas toys for her children. It is interesting to speculate about what impact the incentives news had on this parent's attendance at PE: she did begin attending more regularly after Christmas, but she told me that was because it was easier to bring her baby than it had been when he was a newborn. Overall, attendance at PEs did not increase until late February or early March, when the weather started improving.

The Jackson CFRP thus tries to increase parent participation in center sessions, through the incentives plan and encouragement by the home visitors to individual families. Occasionally a FLE will call all of the families in her PE, or in her unit who are in other PEs, and invite them to come to the next session. One woman said that she had finally started coming because her HPT had invited her every time she made a home visit: "She kept asking me--not bugging me, she just seemed really concerned, so I finally got around to going."

Each Family Development Unit puts a different amount of emphasis on attendance, and according to the individual family's apparent need for PE. One HPT mentioned that she was not concerned about the poor attendance of one of the parents I was observing, because that parent "has good parenting skills and a good husband--she doesn't have any real need for parent ed, like some parents do." Staff feel that other parents need PE as much for the social support it offers as for the parenting skills it teaches; single parents benefit especially from the social support.

I observed this kind of mutually supportive friendship, which began in PE and extended to contact outside of the center, among some of the mothers at Helmar; although none of them were among my study sample. The mothers I interviewed said they had not developed friendships with other FDP families. Some said it was not important to them to make friends: "I haven't met a friend yet, except [her HPT and FLE] and they're part of the program. But that's not what I'm there for, I'm just not the type to be real social." Others felt isolated and wished they had more opportunities to become friends with FDP families like themselves: "They should have more things for whole families, like more Family Fun Nights." Another mother said she did not particularly want to develop outside friendships, but PE was enjoyable because it was the only group she had ever been in that "you get to talk about what your kids did" with other parents in similar situations.

Sharing and support are perhaps the principal goals of parent education at the Jackson FDP. It provides opportunities for adult interaction beyond the one-to-one home visits of HPTs and FLEs.

3.4.4 Children's Center Sessions

Infants and toddlers accompany their parents to Helmar or Kelly Center and play in the I-T room during Parent Education sessions once every two weeks. At Helmar the I-T Home Parent Teachers rotate supervision of these periods, along with one, two, or three aides. At Kelly there is no HPT present during this time, and often no aides; so the children play in an area adjacent to the Parent Education meeting and are watched by the parents themselves. Thus, at Kelly this is simply a play period and, it is hoped, a time for each child to learn some social skills in playing with others.

By contrast, at Helmar the I-T period is considered a classroom experience. Ideally, each HPT would have all of the children whom she visits at home in the center session which she supervises, and would be able to utilize this center time as an extension of her home instruction program. But this rarely happens, because parents are assigned to a PE group which meets when their Head Start children have class--the four-year-old's or three-year-old's center time determines when parents and younger siblings attend center sessions. Hence, unless the infants and toddlers are the only children in a family, it may not work out that they will be in the I-T room when their HPT is present, and HPTs do not usually know all of the children in their group. Also, because of this scheduling problem, some three-year-olds are occasionally present in the I-T room, although they also have a separate, weekly center session (described below).

The I-T period includes a snack, general play time, gym time, one organized activity for the toddlers, and lunch. There are generally from 6 to 8 children present, although I observed one session with 12 children. This usually includes two or three infants, who may sleep most of the time and be given a bottle or, if they are old enough, crawl around and play by themselves and with the HPT or aide from time to time. The toddlers do not play together very much but there is some interaction among them, and much more with the adults--playing peek-a-boo or showing someone how they can put clothespins into a plastic bottle, for example. Meals are opportunities for socialization, and each toddler is required to sit on a chair with her/his feet on the floor while eating, use a napkin, and clean up afterwards--throw away paper plates, utensils, used napkins. Examples of the organized activity include painting with water colors and gluing cut-out shapes on paper. In the gym the toddlers may ride tricycles, throw balls, and play on the teeter-totter, steps, and slide.

One of the purposes of the I-T session is separation--giving the children experience away from their mothers. This was very painful for the two youngest children of the Hale family, especially for the infant--Ben--and somewhat less so for the toddler--Michael. They cried incessantly the first time they came, and Ben continued to cry on three subsequent occasions, but less each time. Michael started enjoying the experience by the second session, and the HPT felt that both children would benefit from regular attendance because their mother never leaves them with anyone and they were becoming overly attached to their mother. Several other children went through similar periods of crying for their mothers, and separation was a topic in one PE session. For most children, the attraction of other children and a room full of unfamiliar toys was usually enough to stop the tears fairly quickly.

Three-year-olds attend a class once a week which is taught by their HPT, at either Kelly or Helmar Center. They meet for two-and-a-half hours, and the three-year-old classes are characterized by one HPT as mainly a socializing time, for the children to begin playing together and getting accustomed to the classroom. They use the same rooms where the four-year-old classes are held, so they really are getting an introduction to their future. Children fingerpaint, play at the water/sand table, listen to stories in a reading circle, help set the table and clean up after their snack or lunch, and play in the gym in much the same way as the toddlers. I observed one three-year-old class of ten children make cookies. They all sat around a table on which the ingredients, measuring utensils, a bowl, and the recipe had already been placed. The HPT passed the bowl to each child and had her/him measure (with the HPT's or an aide's help) one ingredient into the bowl and stir it into the mixture. After all the ingredients were added, and everyone had a turn stirring the mixture again, the HPT rolled out the dough and let all the children cut cookies in various shapes and place them on baking sheets. While the cookies baked the children cleaned up the table and then played in different parts of the room. Finally, they decorated the cookies with sugared candies and thoroughly enjoyed tasting their creations.

Four-year-olds attend Head Start two mornings a week, and engage in slightly more structured activities than do the younger children. There are usually between 10 and 15 children in each class, a Head Start teacher, and 2 or 3 aides--at least one of whom is often a parent of a child in the class. During "circle time" the teacher may read the children a story, or hold up pictures and have them identify objects. For example, one day they looked through old magazines for green objects, another day for "things that make me happy" (they chose ice cream sundaes, snow scenes, toys, an apple). The teacher might hold up number cards and have children call out numbers, then ask them to hold up their hands and show her a three or a six with their fingers. They have a weather chart--a rectangle with six pictures (sunny, rainy, snowy, cloudy) and a rotating arrow. The teacher asks one child a day to stand up and identify each weather picture, then point the arrow to the kind of day it is that day. Another circle time exercise is counting fruit loops: two aides hold a paper plate of fruit loops, each child comes up and counts as many pieces of cereal as she/he can (up to 20), and she/he can keep them. Everyone else claps and cheers as each child finishes, and the aides record her/his progress on a chart.

In addition to circle time, the children always have work time at tables, making water color paintings, cutting and pasting, picking out colors and shapes. There is also gym time, as well as a nutritious snack and lunch. Children's center sessions are age-segregated, and geared toward enhancing the developmental potential of each age group. Each stage is utilized as preparation for the next.

3.5 Program Services

From what I have observed, the bulk of services provided to FDP families, beyond the center sessions and home visits, fall into the general category of acquiring or informing the family of services available from other social service agencies in the community. The agencies most often tapped are the Department of Social Services (DSS), Legal Aid, Social Security, and Catholic Services. In addition, all children in Head Start receive routine screenings in the classroom for hearing, vision, and general physical condition.

Most requests for services are initiated by the family's FLE; the FLE may contact another agency herself, or she may ask another staff member within the Family Development Program for assistance. There is a staff person, whose title is Social Services Field Advocate, who coordinates contact and relations with other agencies, and another staff member with the title Special Needs Coordinator provides support and referrals for families of children with special needs (usually handicapped children). A nurse, whose title is Health Services Coordinator, arranges for the health screenings and records immunizations and physicals for each child.

The procedure for involving the other staff starts when the FLE fills out an Additional Services Record, which includes a "task assignment" line on which she indicates to which staff person she is referring the problem. Most often, the task is assigned to the Social Services Field Advocate or the Special Needs Coordinator, although it may occasionally be assigned to another staffer who has specific information pertinent to the problem. For example, another FLE might be assigned a task with which she has had previous experience. When the task is completed, the Additional Services Record is placed in the family's file, with a note about the outcome.

Services are provided on an individualized basis, according to a family's needs. One of my study families, the Stevenses, who have a handicapped child, needed to take her to a rehabilitation program in Philadelphia and had no money for transportation. Their FLE wrote a request for help in the form of an Additional Services Record, requesting information from whomever in the FDP could supply it. Another FLE responded by calling a local group, the Commonwealth Consumers Club, who agreed to provide the money. By the time the family had to make a second trip to Philadelphia, in October, they were able to devise their own source of income: they had a bake sale and raised enough money, and they later wrote a letter to the editor of the local paper, thanking everyone who had helped them with the bake sale. Thus, they had apparently taken a step away from dependence on the FDP.

This family also had trouble obtaining Social Security and Medicaid benefits for Karen, their handicapped child. Their FLE contacted a lawyer at Legal Aid, who investigated their case and found that they were eligible for payments. The FLE accompanied the parents to Social Security, equipped with data from Legal Aid, and argued successfully for a reevaluation which entitled the family to the medical assistance. The FDU to which the above family is assigned met with the special needs coordinator to design a special curriculum for the HPT's home visits to Karen. The team evaluated the types of therapy which the child is already receiving--mostly physical--and decided that the HPT should concentrate on language and cognitive development.

The record of services to another family, the Allens, is composed mainly of a long list of crisis intervention tasks. Usually their FLE files a request to the social services field advocate to determine why the family has not received an ADC check, or food stamps. Some of the requests are for food orders or other emergency funds, when the family has run out of money and food before the end of the month. Every record of such services is completed successfully in this family's file; the FDP was able to intervene and obtain the needed item. This ability to negotiate through the welfare system is one of the things which the family appreciates most about the FDP. As the mother, Patricia, says, "I call [the Social Services Field Advocate] when I can't get nothing done at DSS--she gets action right away."

The FDP assists families in many other ways. When Patricia Allen decided to work for her GED, she needed a study book and could not afford it. Her FLE obtained the book and when Patricia was finished using it, she gave it back to the FDP. FLEs tell parents about job openings for which they might be eligible. The social services field advocate has put several new mothers in contact with a group called "Birth Line" who provide baby clothes. Parents who are interested in attending college can acquire information and applications from the program for tuition grants. Family members are sometimes referred by FDP staff to Family Services for counseling, or to the local shelter and referral services for victims of domestic violence. If a family has a sick child and no money for a doctor's examination or a prescription, a FLE might call a doctor and arrange for the family to take the child to an examination, pay for it in manageable installments, and receive medical samples in place of a prescription.

The defining factor in providing services seems to be versatility or ingenuity: finding different ways to answer a family's needs and helping families identify ways to help themselves. The program puts together a resource booklet--available to FLEs and other staff--describing available services in the community, and maintains contact with many groups and agencies. Staff cultivate good relations with these sources, by visiting them and explaining the FDP and providing follow-up and feedback on services that have been requested. Many of the families which I studied stated that the program has been, as Kate Thomas said, "very helpful. They've asked about and offered a lot of things. They've made me aware of many things I didn't even know existed in Jackson."

All of the preceding services are offered in addition to the program's most important service--providing opportunities for the enrichment of children, through center- and home-based activities with the child and her/his family. In the following pages I shall present an illustration of how all the components fit together, by developing a composite profile of the experiences of a typical--but fictional--FDP family.

3.6 Profile of a Jackson FDP Family

The Fleming family is composed of Janet and Jim and their children Sarah and Tod. In October 1980, Janet was 24 years old, Jim was 25, Sarah was 4, and Tod was 13 months old. They live in a small, one-story frame house with two bedrooms on the outskirts of Jackson, about three miles from Helmar Center, where they are enrolled in the Family Development Program. Jim and Janet are both high school graduates and have been married for five years.

The Flemings have been enrolled in the FDP since July 1979. They were recruited into the program when Sarah was three years old and Janet was seven months pregnant with Tod. At that time the family was living with Jim's mother and two unmarried brothers. Jim and Janet had only recently moved to Jackson. They had been living in Texas, where they met and were married while Jim was working there. When Jim lost his job they had to come to Jackson to be closer to Jim's family. Jim was happy to be back with his old friends and family, and had been enjoying drinking and partying with his friends. Janet felt isolated with Jim's family and had made no real friends in Jackson. Janet and Jim were experiencing a great deal of marital stress at that time, as Jim started drinking heavily and showed no inclination to find a job or a place to live away from his family.

The Flemings were recruited into the FDP by a Home Parent Teacher, Robin, who was in the neighborhood looking for eligible families and saw Sarah's tricycle in Jim's mother's front yard. Robin knocked on the front door, which Janet answered, and described the program. Janet was not certain what the program was like, even after Robin's explanation, but she had noticed a bus with the program's name on it picking up a neighbor and her children in May and early June, so Janet decided the program sounded worth trying at least. As she said later, she was anxious for any opportunity to get out of the house and the program sounded good for Sarah, and maybe even for the new baby when it came. Janet had, of course, had experience through raising Sarah with early childhood and issues of parenting, but she herself had been an only child and had never received any formal training in child development. Hence, she had many questions and misconceptions about appropriate responses to each new stage of Sarah's development. When Tod arrived the situation became even more complicated. (For example, sibling rivalry was an issue for which Janet was totally unprepared.)

A few days after HPT Robin had met Janet, another woman came to the door and introduced herself as Anne. Janet was amused when Anne called herself a FLE; and Janet was not entirely sure of what that meant except that it stood for Family Life Educator. Anne seemed like a nice person--she was probably 10 or 12 years older than Janet and her children were already teenagers, but she seemed to like Sarah; and she talked about her own pregnancies, sympathizing with Janet's discomfort and impatience for the baby to be born. Anne had a lot of different papers with her, and started filling them with information like everyone's birth date, where Jim had worked, and their income. But mostly Anne just seemed like a new friend that day; and Janet was glad to have someone to talk to, and described their old apartment in Texas and what life had been like before coming to Michigan. Anne only wrote on one or two pages and then put all her papers away in her notebook, saying they could work on them the next time she came. She stayed for about an hour and promised to come again soon.

Anne did not stop by again until mid-August, and then she only stayed a few minutes. Janet was disappointed not to see her more, but not really in a mood to answer any questions. In early September the new baby was born, a boy whom Jim and Janet named Tod. A couple of weeks after Janet and Tod came home from the hospital, FLE Anne called to see how they were doing, and arranged to visit them the next day.

When Anne came, she admired the new baby, and asked concerned questions about how Janet was feeling. Anne made a record of Tod's weight and looked at his birth certificate. She asked if Janet needed any clothes for him, and Janet said actually she did need more clothes; she had saved some of Sarah's baby clothes, but had left most things behind in the move from Texas. Anne gave

Janet the phone number of a local group who would supply baby clothes, and told her about the WIC program and how to enroll for supplemental baby foods. Janet later called both of these programs and received baby clothes and food for Tod. Anne said that perhaps the next time she came they'd be able to continue with the assessment forms. She also explained that Robin, the HPT who had recruited Janet, would begin visiting Sarah very soon. Anne told Janet that Parent Education sessions had started at Helmar Center and Janet was welcome to come whenever she started feeling up to it.

Robin came the next week and set up a schedule; she would be visiting three-year-old Sarah once a week, and working with the baby during half of every other visit. Robin also said there was an afternoon class once a week for three-year-olds. Sarah would be enrolled in Robin's class, which met every Thursday from one o'clock until three-thirty. Janet would be enrolled in a Parent Education class which met every other week at the same time as Sarah's class. Janet said she thought she would wait and bring Sarah the first time she came to Helmar, and Robin agreed that this was probably a good idea. During that home visit Robin filled out health records on Sarah, gave Janet a copy of the Portage Guide, explained how she would be using it to evaluate Sarah and to start working with Tod.

From then on, Robin came regularly on Tuesday mornings at 11 a.m. for her home visits. She always brought toys, books, and exercises, and showed Janet how to use them with Sarah. For example, one day she brought a series of cardboard cut-outs of different shapes--circle, square, triangle, diamond, star, and heart--and construction paper. She had Janet cut out two copies of each shape on different colored paper, and glue one of each shape on a large sheet of paper. Then she explained that Janet could help Sarah match the other cut-out to each shape, by placing the free cut-out on top of the glued-on cut out. They could make up different games--Janet could point to a square on the large sheet and ask Sarah to find the one that matched, for instance.

Sarah and Janet enjoyed Robin's visits, and usually worked with whatever materials she left. Jim was never present at these visits. When it was Tod's turn, Robin showed Janet how to hold up bright objects in front of him and try to get him to follow them with his eyes, or talk to him and smile to see if he would respond. Robin also showed Janet ways to make toys for the children out of things she already had around the house; to demonstrate, she glued brightly colored scraps of material over used aluminum cans, which could be used as stacking blocks or, with buttons in them, as rattles.

In mid-October Janet attended her first Parent Education session, and Sarah went to her first class with other three-year-olds. Tod was placed in the infant-toddler room adjacent to where Janet's meeting was held. There were two women present in the I-T room--an I-T Home Parent Teacher and an aide--whom Janet did not know, but Tod slept most of the afternoon in the crib room and was given a bottle once by the HPT.

Sarah, however, experienced separation anxiety and spent most of the class time crying for her mother. There were six other children present and once or twice she forgot about missing Janet and became engrossed in listening to a story and playing with some dolls. When she had cried for a long period, Robin took her down to the parent education room to be reassured that Janet had not deserted her; and Robin told Janet at the end that she thought Sarah would stop crying if she came to class regularly.

The subject of Janet's Parent Education session was "Growing Towards Independence." There were five mothers present, and the session was led by a woman Janet had never met, but who seemed very friendly. The leader gave everyone a handout on the subject (see Appendix), and read part of it aloud. Everyone in the group was talkative, and made comments about how their own children acted. Janet was delighted to hear other mothers describing the same kinds of problems she had with Sarah, and soon found herself laughing and sharing an experience from her own memory. After about 15 minutes of discussion, the group leader turned on a television, to a show called "Footsteps." It was a story of a mother and son who had been living with the young mother's parents, and recently moved into an apartment of their own. The film showed how the grandmother tried to maintain control and encourage dependence of the mother and son. Janet was amazed at how much the show reminded her of her mother-in-law and living with Jim's family. After the videotape ended, the group discussed it and the group leader asked questions about the issue of independence. The conversation kept getting displaced to other subjects, and everyone had anecdotes about their own children and parents; but the leader persisted in bringing them back to independence. She made a list of everyone's answer to "Why Independence?/Why Dependence?" Janet was surprised when the session ended--the time had gone quickly, and she had enjoyed herself very much. At 3:15 the leader announced that the creative environments workshop room was open and a woman was there who could tell people how to remove stains; but Janet decided she had better start home. Most of the other women and children had come on the bus; Janet had driven the car since Jim had not needed it.

Janet missed two PE sessions in November and December, because the baby was fussy or she just felt too busy; so she attended one each month. Sarah cried less each time and started enjoying "school," so Janet decided that after Christmas she would let Sarah come on the bus to the three-year-olds' class each week.

FLE Anne visited the Flemings once a month in November and December. Usually only Janet was present; and if her mother-in-law or Jim were at home, they did not come into the living room while Anne was there. Anne was still spending almost the entire visit, except for friendly conversations about the weather or the approaching holidays, completing the assessment forms. Janet felt that Anne asked an awfully lot of questions, some of which were none of her business, but Anne always said, "If you don't want to answer anything just say so," and Janet did not feel resentful toward Anne.

HPT Robin kept making her visits fairly regularly. Occasionally Janet called Robin and told her she would not be home at the scheduled time. If Robin could, she tried to fit the Flemings in at another time that week, but usually her schedule was full and she had to miss Sarah and Tod until the next week. Since Janet and the children missed the last center session before Christmas, Robin brought Sarah and Tod the Christmas stockings--filled with fruit and a story book--that they would have received at the Christmas party.

In mid-December, Jim found a job that paid well, and in January Janet, Jim and the children moved into a house of their own. Jim did not like to rent, and the house payments seemed reasonable for his income. Family tensions were greatly reduced by the improvements in the financial situation, and Janet was much happier in her own home, away from her in-laws.

Janet was so busy furnishing and fixing up the house, getting adjusted to the cold Michigan winter, and coping with the children's frequent colds that she missed PE and did not send Sarah to class all winter. FLE Anne and HPT Robin had some trouble locating Janet after the move, and scheduling home visits. Anne had several families in extreme crisis--no home heating, illness, domestic violence--and did not have time to track down Janet. Robin came once and then was sick, or had car trouble, or did not come because Janet told her the children were sick.

By late February Janet was settled into the new home and was starting to feel isolated and lonely. Jim had to drive the car to work, so Janet never had transportation on weekdays. FLE Anne finally "found" Janet again and she and Janet finished the assessment by drawing up a list of goals for the family. Janet wanted to learn better budgeting skills, find ways to share more activities as a family--have Jim spend time with her and the children rather than always with his friends, and develop some interest for herself outside of the home.

By March Robin had settled into weekly home visits with the children again, and Janet had started riding the bus to Helmar for PE sessions. Tod was six months old, and now separation was a problem for him as well as for Sarah, who had been away long enough to require some adjustment again. Sarah quickly recovered, and Janet took Tod to the PE room for awhile until he stopped crying. When she took him back to the I-T room, an aide held him, and distracted him with toys. Janet enjoyed PE--it was nice to be with other mothers again and talk about the children. She came fairly regularly from March until June, when center sessions ended for the summer.

Robin (HPT) continued her home visits during most of the summer, and Anne (FLE) kept in touch--with one visit and one phone call to ask if everything was OK. The summer passed uneventfully for the Flemings.

Sarah, now four years old, started attending Head Start at Helmar Center two mornings a week, from 9 to 11:30, in September. Tod, who was 12 months old, started receiving home visits every other week from a different HPT, Beverly, who visited only infants and toddlers. Beverly tried to schedule her home visits in the morning on a day when Sarah was in Head Start, so the time could be all Tod's. When occasionally the visit had to be switched to a later time, or if Sarah were home from school that day, the visits were less successful--Sarah wanted to participate also, and "show off" for Beverly.

Janet's PE was scheduled in the morning, during Sarah's class, and her group facilitator this year was her FLE, Anne, which pleased Janet. Since it was Janet's second year in the program, she was in a Phase II PE, and most of the topics were different from last year's. Almost all of the other parents in her group were strangers to her; only one woman had been in her PE group last year. Tod always played contentedly in the I-T room, and this year Beverly was the HPT in there during Tod's period, so he knew her already.

FLE Anne did the family's first reassessment in September (although the family had been enrolled for more than a year, it had only been six months since she completed the first assessment). Janet felt that she had learned some new budgeting skills--there had been a PE on money management, and Anne had loaned her a book which helped; and during the summer Jim had spent more time with the family. But Janet had not found any outside activities for herself, and was feeling even more need for some time away from the children once a week or so. Anne recorded progress in the first two goals, and wrote the third one as continuing, with a note to herself to make some phone calls to find groups with children for Janet. Janet also thought she might like to go to college eventually, so another goal was listed: to look into courses and tuition grants at the local community college. Anne felt that Janet needed to have more information about the kinds of services and resources that were available in Jackson, and Janet agreed that learning more about "where to find what" was a worthwhile goal for her.

In November, Jim was laid off from his job. He was eligible for unemployment, but the payments were very low since he had only worked for eleven months. Suddenly it became very difficult to make house payments and meet other family expenses. Family tensions increased, and Janet and Jim had terrible fights about money. In January, 1981, Janet found a part-time job as a clerk in a dairy store, working from 9 a.m. to 2 p.m. six days a week. Her income was welcomed, but Jim bitterly resented having his wife work while he stayed home, and he was also unhappy about being obliged to care for the children while Janet was gone.

Beverly (HPT) tried to find another time for home visits, when Janet was home. She came once at her previous time--in the morning and tried to work with Jim and Tod. But Jim was not interested, and Janet did not want Beverly to come when she was not home. So Beverly started coming at three or four in the afternoon, although there were several times when Janet cancelled or seemed inattentive because she was tired. Sarah was home then, and also demanding attention from her mother.

There was less difficulty with FLE Anne's visits; she came later in the afternoon and provided an outlet for Janet's pent-up worries and frustrations. Jim, with nothing else to do, was usually present at Anne's visit and started participating in them, by listening and occasionally commenting. Anne included him in the conversations, and added his goals of going back to work and taking some vocational training to the Fleming's Goal Development Sheet and Developmental Action Plan. Once, when the Flemings had spent all of Jim's unemployment check and Janet was not to be paid for another week, Anne helped them obtain an emergency food order from a local private charity. Anne also told the family about a home heating program which might help them pay their utility bill.

Janet could no longer attend Parent Education class, because of her work schedule. Anne told her that there had been a night PE in the fall and it might start again in March; but Janet was not certain that she would want to go at night anyway.

Sarah continued to attend Head Start regularly; HPT and FLE visits continued but were somewhat sporadic because of Janet's schedule and greater demands from other families. As a result of all of these factors, the Flemings became less involved in the Family Development Program while Janet was working. They appreciated the program, and Janet especially had enjoyed the information she had received on parenting and child development. Jim hoped to be called back to work by early summer. Then Janet could quit her job and would probably become more active in the FDP again. Whether that happened or not, Sarah had benefitted from Head Start and both children had learned from home visits.

CHAPTER FOUR

A PROGRAM WITHIN A PROGRAM

The Child and Family Resource Program in Las Vegas, Nevada

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4.0 A PROGRAM WITHIN A PROGRAM: THE CHILD AND FAMILY RESOURCE PROGRAM IN LAS VEGAS

Like many other cities in the Sunbelt, Las Vegas has grown by leaps and bounds over the last decade. The city is located in a desert valley near the southern tip of Nevada. It has the reputation of being the gambling and entertainment capital of the world, an "adult Disneyland." The Las Vegas "Strip" (Las Vegas Boulevard) and "Glitter Gulch" (Fremont Street) are lined with luxury hotels and casinos. At night the neon lights of these establishments light up the sky for miles in all directions.

The economic base depends for the most part on gambling and tourism, and the city has therefore gained the reputation of being recession-proof. There is money to be made in this town. Jobs that would not pay well in other cities pay well here. People can earn $20,000 and up a year waiting tables or parking cars. The city functions around the clock to accommodate the late shifts at the hotels. A person can wash his/her clothes or go shopping at the supermarket at any time of the day or night. Few tourists to the city know that people live here. When I visit other cities and tell people where I live, the response invariably is "Really? I didn't know anyone lived in Las Vegas."

There is a dark side to this city. The crime rate increases each year with the growth in population. Murder, burglary, and arson are among the leading crimes committed. This year's murder rate has surpassed that of the previous year--47 homicides between the beginning of 1981 and May 12. Burglars have found Las Vegas to be easy pickings, causing paranoia to sweep the city. People are afraid to leave their homes for any period of time. Locksmiths, ironworkers, gun salesman and breeders of guard dogs are doing a brisk business as a result. Arson has always been a problem in Las Vegas, but the fires at two high-rise luxury hotels and casinos (Hilton and MGM), which took the lives of numerous tourists and hotel employees, had a tremendous impact on this city, putting hundreds of people out of work and for a time negatively affecting tourism.

There is a black ghetto and the beginnings of a Hispanic barrio not far from the shimmering neon lights of the Strip and Glitter Gulch. The black ghetto is known as the Westside. When the city was incorporated around the turn of the century, several blocks around the red light district were set aside for blacks and other undesirables to keep them isolated from the white neighborhoods. These blocks were the beginnings of the Westside ghetto. Up until the 1960s this was the only part of town where blacks were allowed to live. Famous blacks who were entertaining at downtown or Strip hotels were forced to seek accommodations on the Westside because the hotels where they worked would not give them rooms. The Westside's population today is still predominately black, but Hispanics are now making inroads.

Most Hispanics live in North Las Vegas, or Northtown, as the Chicano gangs call it. The Hispanic population has increased significantly since the 1960s. Mexicans, Chicanos, Cubans, and Puerto Ricans are among the largest Hispanic groups. The first Cubans arrived here after Castro's revolution succeeded in Cuba. For many Cubans Las Vegas was a natural place to go into exile since most had been employed, before the revolution, in the gambling and tourist industry in Havana. Puerto Ricans have arrived from New York and other places in the East seeking employment here. Chicanos have come from New Mexico, Arizona, Texas, Colorado, and California for the same reasons. Many Chicano families have lived in Las Vegas since the 1920s, when the town was a railroad center. Like the other groups, Mexicans are coming here because they can take jobs as dishwashers, janitors, and so forth that other groups refuse and still make more money than they would have in Mexico. Relations between Hispanics and blacks have not been very good, although there have been attempts made by members of both groups to improve the relationship. Part of the problem is the competition of the two groups for jobs and federal funds.

4.1 An Introduction to CFRP in Las Vegas

The Child and Family Resource Program's offices are housed in the Equal Opportunity Board's (EOB) building on the Westside, in the heart of Las Vegas's black ghetto. Across the street from EOB there are wide open spaces of desert that afford an impressive view of the mountains that rim the valley. On another side of the EOB Center is a church. Directly across the street in front of the center is a public housing project. On the same block as EOB is one of the city's sixth-grade centers, which represent the city's attempt at school integration. White school children are bused here from other sections of the city.

The housing project has been the scene of shoot-outs between rival gangs fighting for control of the sale of narcotics on the Westside and in Northtown (North Las Vegas). The situation became so serious that the lives of the children and teachers at the EOB Center, which also houses the Head Start Program and CFRP, and those at the sixth-grade center, were in danger. A police SWAT team was sent into the housing project in the wee hours of the morning to arrest suspects involved in the drug trade. On the local television news, the Head Start Center could be seen clearly in the background.

The EOB facility that houses CFRP and Head Start is fairly new. It is constructed of stucco with a red tile roof. The architectual design of the building is appropriate for its function. The structure is modern, with classrooms constructed in the round, separated only by partitions that can be opened to increase the size of the rooms. As you enter the building, you first encounter two receptionists seated at a large desk. Here a log is kept where the home visitors must sign out when leaving the premises. To the left are glass-enclosed offices; as you pass them you enter a rather large room furnished with several old couches and chairs. A large, poorly working console television is situated in the front of the room. This room is a combination lounge and TV room for the staff of Head Start and CFRP. The workers eat their lunches and take breaks there, while watching soap operas on the "tube." Occasionally, parents with their small children will sit there while waiting to speak with their home visitors.

The CFRP offices are separated from the lounge by just a partition, so that noise from the lounge can be heard by the staff. There are five desks behind the partition, each assigned to a home visitor. One large file cabinet is against the wall nearest Dona's desk. An emergency door, that can only be opened from the inside, is situated near the file cabinet by Hope's desk. The Home Visitor Supervisor shares an office with the Infant-Toddler Specialist. Their office is glass-enclosed and is situated in front of the home visitors' desks, so that they can be easily seen. The entrance to a co-ed bathroom, which opens to the Head Start kitchen and to the lounge, is close by. As you walk around the building from the lounge, one classroom follows after another in a circle, separated by movable walls. The rooms are well-lit and carpeted. The carpeting, very appropriately, is decorated with number designs. The furniture and fixtures are built to scale for small children, with small tables, chairs, sinks, and so forth. The scale of the furniture makes one feel like Gulliver in the land of the Lilliputians.

Once through the classrooms you reach a small auditorium which is off to one side through a door. There is a blackboard and a row of chairs in front of it. Murals are painted on the walls. To the rear of the auditorium is a glass door that leads to a small room where toys, records, and books are kept. Here home visitors obtain the toys they use in the exercises that measure child development. Beyond this room is the office of the Head Start Director, which is also glass-enclosed, with drapes. Her secretary sits in front of the office, at a large desk. Another entrance to the building is located in this area. Leaving the Director's office and the toy/book/record room, returning to the auditorium and leaving through the side door, we end up where we began, at the receptionists' desk and the main entrance to the center.

CFRP in Las Vegas is a "program within a program" in a way that reflects the racial facts of life in Las Vegas. The population served by

CFRP is primarily black, but a minority of 22 percent are Hispanic. All these Hispanic families are served by the Hispanic home visitor--the only bilingual staff member at CFRP/Head Start.

EOB receptionists do not speak Spanish, and this means that no one can take messages for the Hispanic home visitor from monolingual Spanish families, or deal with emergencies in her absence. Similarly, the other home visitors cannot back up their Hispanic co-worker, because they cannot communicate with her families. The staff of EOB day care do not speak Spanish, and this means that Hispanic CFRP parents are uncomfortable leaving their children there while they attend center activities for parents. And finally, Head Start is losing Hispanic children because there are no bilingual teachers. All of this adds up to a major challenge for Las Vegas's CFRP and Head Start.

4.1.1 The Program's Philosophy

Both Head Start and CFRP are administered by EOB's Program Director, Ms. Joyce Elliott. She is a California-bred 35-year-old black divorcee with three children, aged nine, seven, and four. Ms. Elliott is a hard-working woman with a strong positive outlook on life; she is warm and friendly and has a fine sense of humor. She is also the glue that keeps the two programs together.

CFRP and Head Start have more in common than the same roof and administrative structure. They are guided to a large extent by the same philosophy--truly caring about the families and children they serve. Their goals are to care for and educate young children and their parents. Ms. Elliott describes the process as one of "planting of seeds" that will help families to achieve future success.

She recognizes that the program will not be successful with all families, but will help others in important ways. This knowledge helps to diffuse pressure for Ms. Elliott in her position as Program Director. "What is important," she maintains, "is to keep the programs going, because they are worth it for each person that is helped. I don't dwell on the people that, for whatever reasons, can't be helped, or I would never see my way out of it." To her it is a matter of perspective. "Does one see the glass as being half empty or does one see it as half full? For me it is always half full," she asserts.

Ms. Elliott has acquired this philosophy over long years of education and work experience. She has a bachelor's degree in political science with an emphasis on public administration, and is presently taking computer science courses at a community college. She worked for EOB, the grantee, in its education and supportive services division for three years as a supervisor prior to becoming the Program Director in 1972.

4.1.2 Organizational Structure: CFRP and Head Start

The Equal Opportunity Board (EOB), the local Head Start grantee, is divided administratively into several divisions. Both Head Start and CFRP fall under EOB's Education Division, directed by Joyce Elliott. (The organizational structure of the Education Division appears in the Appendix.) Though Joyce Elliott's main concern is Head Start (the larger of the two programs), she constantly monitors CFRP activities. She often walks to the CFRP section of the building unannounced to talk to the Home Visitor Supervisor, the Infant-Toddler Specialist, or one of the five home visitors who make up the CFRP staff.

There are families that have children enrolled in three EOB programs simultaneously--Head Start, CFRP, and day care--so these programs do interface and overlap. Both Head Start and CFRP post schedules of their activities so that staff of the other program can attend if their workloads permit it. Some of the parent training is mixed. Some parents have become Head Start or CFRP staff and are very active on the EOB Policy Council. In this way the parents gain knowledge about the broad scope of the whole Head Start program, even though they might be only assigned to the Child and Family Resource Program.

Nonetheless, up to age three, a child is very much in CFRP as a separate unit. CFRP families are enrolled according to Head Start guidelines. The program has in the past tried to take mothers of children under one year of age, or currently pregnant mothers, to go through the Infant-Toddler program in CFRP. A CFRP child automatically moves to Head Start at age three. The child is guaranteed enrollment in Head Start, so that there is continuity.

As the child moves from CFRP to Head Start, a new person enters the picture, the Head Start teacher. She collaborates with the CFRP home visitor and works with the parent. Most of the parent education is turned over to Head Start for the three- to five-year-olds.

When the child completes Head Start, he/she goes on to public school. The CFRP and Head Start records of the child are forwarded, with the parent's permission, to the public school. The CFRP worker comes into the picture again as she follows up on the child until he/she reaches the age of eight. The home visitor, then, follows the child through CFRP, Head Start, and through the first three years of public school.

4.1.3 The CFRP Staff and their Backgrounds

Day-to-day operations of CFRP are directed by the Home Visitor Supervisor, Mavis Roget, a black woman with three children ages 21, 7, and 5. Mavis is now classified as a junior in college. It is her goal to obtain her bachelor's degree before her 21-year-old daughter does--"but it's getting close," she said laughingly.

Mavis has worked for the program for four years. She was hired by EOB as a temporary receptionist and was promoted up through the ranks to home visitor, Infant-Toddler Specialist, and finally, to her present position as Home Visitor Supervisor. Before coming to EOB, she was employed by other human service agencies like the Las Vegas Mental Health Agency and Children's Behavioral Services, where she worked as a learning consultant.

As the Home Visitor Supervisor, she counsels and advises the home visitors when problems arise with their families. She helps train new home visitors, the Infant-Toddler Specialist, and Head Start teacher's aides, and also lectures within EOB about the skills needed as a home visitor. In addition, Mavis fills in for home visitors or the Infant-Toddler Specialist when any of these positions is vacant due to promotion, resignation, or termination. As Home Visitor Supervisor, Mavis is also responsible for writing CFRP's yearly funding proposal and a variety of monthly reports. These reports are the source of most of the job stress that Mavis experiences. Finally, Mavis sometimes is called upon to represent CFRP outside the agency--speaking to other agencies and attending Head Start conferences.

The Infant-Toddler Specialist works with families with pregnant mothers and children up to age three (P-3). She conducts in-center sessions and workshops for parents on early childhood development. She monitors home visits to the P-3 component to make sure they are carried out as scheduled every other week. She is also required to be available to the staff for advice and counsel about any questions or concerns they might have about the development of the infants and toddlers in their caseloads. In addition, she sometimes accompanies the family worker on home visits to supervise child development tasks undertaken with the parent and child.

The Infant-Toddler Specialist position was vacant for the first two months of this study. Finally, in December, a black woman in her thirties with a young son was hired. She had a BA in psychology and extensive experience working with children. Initially, there was some confusion about her role, partially because she had no detailed job description or model to follow and Mavis was out with a serious illness and could not train her. After about a month she conducted her first center session for parents focusing on early childhood development (described in a later section) and began accompanying some of the family workers on home visits. She did not successfully complete her six-month probationary period, however, and was terminated.

The four home visitors who work at the Las Vegas CFRP office (a fifth works in Henderson) have a number of characteristics in common with one another and with the CFRP parents they serve. Three of these women are black; one is Hispanic. *All* are single mothers--whether never married, separated, or divorced--of from one to five children. All were teenage mothers themselves. All have a high school education and a few additional credits. And all became involved with CFRP through their own children, who were enrolled in CFRP, Head Start, or EOB day care.

Dona Davis, a 28-year-old black mother of four, was recently separated from her husband, largely because he wanted her to quit her job and remain at home. Raised in Las Vegas, she regards herself as very independent. Dona, a former teenage parent, had a legal battle over her right to refuse a tubal ligation, and won. She has been a home visitor for a year and a half, and has a caseload of 20 families.

Born and bred in the South, Gladys Berry is a 25-year-old single black mother. Both her children went through CFRP. She has worked as a home visitor for two years, having worked herself up from a teacher's aide. Her caseload is 21 families. Gladys feels that anything the parent can do with her child at home to promote an interest in learning will help the child perform better in school and enjoy school more. This is the attitude that Gladys passes on to the mothers in her caseload.

Home visitor Lola Little is a 28-year-old black divorced mother of an 11-year-old son. Like her co-workers Dona and Gladys, she began at the agency as a teacher's aide and eventually succeeded in becoming a home visitor. She has been a home visitor for a year and a half and has a caseload of 24 families. Lola has several difficult families in her caseload, among them Glenda Green, with whom she had problems developing the necessary trust and rapport. As the Home Visitor Supervisor explained, Lola uses "WEW" ("whatever works") in her approach to difficult families.

Hope Garcia is the only Hispanic home visitor. She grew up in the Southwest and is a divorced mother. Hope is 36 years of age and has 5 children aged from 17 to 10. Hope has varied work experience in community agencies--as a paralegal, a counselor, a receptionist, and an interpreter. Hope has worked longer for CFRP than any other home visitor, a total of five years. At present Hope has 16 families in her caseload.

Hope is the only staff member who is bilingual. Staff generally agree that she has a more difficult job than the rest of the home visitors: most of the Hispanic families she serves are not bilingual and as a result are almost totally dependent on her. Hope sees herself as working two jobs at one time--family worker and interpreter. It is often necessary for her to accompany the families to translate for them. Hope is also frequently called upon by Head Start staff if there is a language problem with one of the children (although she is tempted to refuse in order to force Head Start to hire bilingual staff). Moreover, as no other staff member speaks Spanish (including EOB receptionists), no one can fill in for Hope when she is not available. She tries to be accessible and on hand to assist Hispanic families in CFRP 24 hours a day and 7 days a week. In contrast, the other home visitors tend to limit their involvement to a 40-hour work week.

Home visitor Mary Mason has the least in common with her co-workers. She is white, 37 years of age, and recently married. Mary has no children, and she is the only person working for CFRP who has a bachelor's degree. Mary has been a home visitor for three years, and has a caseload of 18 families in Henderson, about 15 miles from Las Vegas. She works in Henderson four days a week and drives to the Las Vegas CFRP on Fridays for the staff meeting. None of her families were included in this study.

4.1.4 Selection and Training of Home Visitors

Applicants for home visitor positions are interviewed or examined by a panel, usually consisting of a CFRP or Head Start parent, a supervisor or two from the various Head Start units, and an outside community person. A list of 10 questions is divided among the panel members for them to ask the applicant. These questions are designed to measure a certain quality in the applicant, as well as knowledge on a particular subject that pertains to the job (e.g., early childhood development). Each applicant is then scored on a scale from one to ten on such things as dress, education, and subject knowledge, and the person with the highest total score usually is hired.

Where the applicant's writing skills are in question, the supervisor describes a hypothetical situation to the applicant about a family in need of a social service. The applicant is supplied with the proper forms and given the necessary information (e.g., an intake form for the Welfare Department). After the applicant fills out this form for the hypothetical family, the supervisor analyzes it to determine whether the applicant can write good English.

Mavis, the Home Visitor Supervisor, does not believe that a college degree necessarily qualifies an applicant for a staff position. She believes that personal and job-related experiences are just as important as a college degree. Mavis believes that if her staff had never experienced situations in their lives similar to the ones being lived by the families they serve, they would not be as effective as home visitors.

The Program Director, Joyce Elliott, thinks a person filling a staff position in any of the areas she administers should ideally have both formal and informal education. Formal education, she feels, gives the individual technique, exposure to documentation, and a greater degree of objectivity in their dealings with people. The ability to work with people and develop a high enough level of rapport to be accepted into people's lives is also essential. Ms. Elliott believes that these attributes are a part of one's personality and do not depend upon whether a person comes from the client group or has a master's degree--"it's either there or not there."

One mother, Paula Pearson, likes the fact that the home visitors have the same background and level of education as the families they serve. They do not talk over the heads of their clients, "using college words with someone who has had only a sixth-grade education." Because of the similarity of backgrounds, according to Paula, the home visitor has more empathy and understanding of the problems of their families. Paula's home visitor, Lola, was honest with Paula. She told Paula that she had little formal knowledge about parenting and child development and was not exactly sure about what was expected of her as a home visitor. Paula appreciated Lola's honesty, and since Paula had been in the program for awhile before Lola had been hired as a home visitor, she explained to Lola what she knew about the program and the role of the home visitor.

For the new home visitor, there is a two-week training period during which all the details of the job are learned: how to fill out the many forms (social service forms, referral forms, home contact forms, telephone contact forms, etc.), and how to conduct needs assessment interviews. New home visitors also view films and slides on early childhood development. It is a short but intensive training period.

Training does not stop after the two weeks, but continues throughout their tenure on the job. The Home Visitor Supervisor, Mavis Roget, conducts the in-service workshops for the family workers. In addition, both Ms. Roget and the home visitors attend classes covering a range of topics that in many cases directly relate to their jobs, including: youth suicide, children's rights, child abuse and neglect, family therapy, stress management, working with the special child, working with the high-risk family, caseload management and skills, the incestuous family, social networking, early childhood development, multi-cultural education, drug abuse, professional attitudes in working with the low-income, and Spanish.

4.1.5 Vacancies on the Staff: Turnover and Burn-Out

"With four key people out, I pray a lot." This is the Program Director commenting on the chaos that ensues when positions are vacant or staff are absent due to illness and burn-out. Ms. Elliott, in fact, does not view turnover as a serious problem. Because vacancies are often filled by individuals promoted from within the Education Division of EOB, these "new" workers already have some knowledge of the functioning of the agency. They know about early childhood development, and they have some idea about the program's philosophy. It is EOB's policy that whenever there is a vacant position, interested personnel from other divisions of the agency are notified by posted bulletins. They have a preferred status in applying for the position. "I will always promote from within the system, rather than going outside," states Ms. Elliott, "and the people that last the longest are the ones that are promoted from within the system."

Usually it takes about a month to fill a vacant home visitor position. During this period, the supervisor is responsible for the families in the caseload. Turnover does affect the functioning of CFRP in that the supervisor must cover all vacant positions within her unit, adding to the stress of her job. With positions vacant for several weeks, the outsider does get the impression that there is a turnover problem. In fact, there is a rule in EOB that when a person resigns from a position, that position cannot be filled until the annual leave of the person resigning is used up--which may be some weeks.

This is what happened with the Infant-Toddler Specialist position in the early months of this study. This position is again vacant because the person who filled it did not successfully complete her probation period. This time, the position has not been filled because there are three qualified persons in other divisions of EOB who would be appropriate for the job. Rather than opening it up to an outsider, the Program Director wants to wait to see if these other divisions are funded--she doesn't want to lose any of these employees if their programs are not funded.

In any service agency, people experience "burn-out," and it is no different at Head Start. "Too much pressure over a long period of time to continually get things done," is the main reason Ms. Elliott gives for this problem. "Agencies like this are typically understaffed." She points out that it is how each individual copes with stress that is important. She does not want staff stress to accumulate to the point where they become bitter.

To help staff deal with stress and prevent possible burn-out, the Head Start psychologist conducts "stress sessions." In these sessions the psychologist discusses the problem of stress and its effect on the individual.

What is revealed in these stress sessions is that it is not only the individual's job that is causing the problem, but rather everything that is happening in her life. The positive result of the session with the psychologist is that the individual is forced to ask herself, "How many problems am I loading on myself?" These sessions usually reveal these self-imposed stress-producing situations and point the person on the path to resolving the problem.

Another way CFRP tries to prevent burn-out is to give the home visitors time off--"down time," to use the Director's term. It is a way of rewarding the home visitors who give so much of themselves to the CFRP families. "We will not have them sit if there is nothing to do," Ms. Elliott asserted.

4.1.6 A Day in the Life of a Home Visitor

What follows is a composite account of a home visitor's typical day garnered from actual observations. The home visitor will be called Rita Martin and she will be in contact with three single black teenage parents: Beverly Willis, Roberta Jenkins, and Phoebe Jones (all are ficticious).

Rita arrived at CFRP early this morning at 7:50 a.m. Her co-workers followed shortly thereafter. Rita had her nine-year-old son with her. Everyone greeted each other and sat at their desks. Rita's son went into the lounge to watch television. Each home visitor got a cup of instant coffee and sweetened it with sugar from the Head Start kitchen.

Rita began to read the morning newspaper when the phone range. It was a parent, Beverly Willis, wanting a ride to the Nevada Power Company in order to apply for assistance in paying for her $120 power bill for last month. The apartments in the projects where Beverly lives are old and poorly insulated, and the result is an outrageously high energy bill. Although parents are required to make appointments in advance with their home visitors, Rita said she would make an exception this time and pick Beverly up at 11 a.m.

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She hung up the phone and continued to read the newspaper. Rita discussed some news items with her co-workers. After a short while she rose from her desk and called to her son, "We're going now." "I'll see you people in a while--I have to take my kid to school," she said to the other home visitors.

Rita returned in about 15 minutes through the side door. She sat back down at her desk and proceeded to do paperwork that had accumulated from the day before. There were Home Visit Forms, Client Phone Contact Forms, Home Visit Reports, and so forth to complete and file. She hates this part of her job--she would rather be out in the field helping the families in her caseload.

Around 9:30 a.m. a young black woman with a baby came to discuss with Rita a problem she was having. Her baby had a large scab on her face near her left eye. When Rita asked about the baby's wound the mother said another child had hit her. After Rita talked with the mother for a few minutes, the woman left, only to be followed by another parent with two toddlers.

This parent also came in to see Rita. The woman had a personal problem she wanted to discuss so Rita took her into the supervisor's office (the supervisor was not there) and closed the door. This young woman has three children, two of which are the products of an incestuous relationship with her father. The woman was first pregnant at age 11; by age 12 she had become a prostitute and still is one. Her father still has sexual relations with her. She is unable to extricate herself from this predicament. She has attempted suicide several times, but failed. She recently enrolled in CFRP and is hoping the program can help her out of her predicament. Rita, her home visitor, views this woman as one of her most difficult cases. She can help her obtain social services and advise the woman on parenting and child development, but she is not sure how she can help with her other problems. Rita talked with the woman for about 30 minutes, and then the woman got up and went into the lounge to watch the morning soap operas while her children played nearby.

At 10:30 a.m. Rita got up to pick up Beverly Willis and take her to the power company. Rita signed out at the front desk and left. She arrived about 10 minutes early, but surprisingly enough Beverly was ready. They exchanged greetings. Rita was warm and friendly with the young mother. Beverly picked up her baby, who was playing on the floor, and walked out to Rita's car. They got in and Rita drove the pair to the power company. Beverly was given the forms for assistance and Rita helped her fill them out. They were turned in to a clerk for processing. The power company will notify Beverly next week to let her know if she qualified for assistance. Rita drove her and the baby back home. Beverly thanked Rita for her help and invited her in for coffee. Rita had to refuse because she had two home visits scheduled for the afternoon and it was already 12:30 p.m. She was due to visit Roberta Jenkins at 1:30 and Phoebe Jones at 3:00. Rita had just enough time to grab a bite to eat.

She arrived at Robert Jenkins' apartment on time. Roberta lives in a light green duplex on the Westside within walking distance from CFRP. Rita knocked on the door. "How ya doing?" Rita asked as Roberta opened the door. Roberta invited her inside. The television was on and her baby Chesulu was playing on the floor near it. He was dressed in a Pamper and a white undershirt.

After a few minutes of small talk Rita presented her lesson plan to the mother. She had written the plan a day earlier from the Portage Guide to Early Education, and her supervisor had approved the lesson, which involved infant stimulation. Rita brought a toy from the Head Start library that was shaped like an hourglass and had small blue, white and yellow pebbles in it. It was to be used in the exercise with the baby.

Rita reviewed the lesson plan with Roberta. She was to use the toy to stimulate visual, tactile, and auditory responses from Chesulu while Rita observed and noted the baby's behavior. Chesulu was definitely curious about the toy. He immediately moved towards the toy and made gurgling sounds when his mother turned the toy upside down several times. Chesulu was stimulated by the sound of the pebbles falling from one end of the hourglass toy to the other. His eyes lit up each time the rattling noise of the pebbles was made.

He tried to reach for the toy to hold it. His mother finally let him hold the toy and he shook it furiously, all the while gurgling happily. The exercise continued for about 30 minutes. Roberta and the baby were enjoying themselves, while Rita recorded the baby's reactions.

At the end of the developmental task, Rita praised mother and child for their cooperation. She told Roberta that Chesulu's responses during the exercise indicated that he was developing normally. Rita told the mother what she planned for the next home visit and suggested she practice with Chesulu in the interim.

Rita returned to the mother's needs. "Are you still looking for a job?" Rita asked. Roberta replied she was. She had been down to the union hall, but they did not have any work for her. She said she would like to get a job as a change girl or a porter at one of the big hotel/casinos. Roberta feels she needs to work because her welfare is not enough; it only pays her bills and leaves her nothing for anything else.

Roberta has an uncle that works as a porter on grave shift at one of the Strip hotels. Roberta is going to ask him if he can get her a job as a porter during the day. She already has a babysitter lined up for $20 a week. Rita wished her luck in her quest for employment and told her she would keep her eye open for any job opportunities and would let her know. Roberta thanked her.

Rita rose to leave. As she walked to the door she reminded Roberta about the center-based activity planned for the following week and urged her to attend. Roberta was noncommittal, saying she would try. This home visit lasted about an hour. It was now 2:30, time for Rita's visit to Phoebe Jones, where she was to conduct a six-months' needs reassessment.

Phoebe Jones lives in the projects with her three-year-old son. She pays $81 a month for a small one-bedroom apartment. Rita parked her car in the lot nearest Phoebe's apartment. She knocked on the door. Phoebe answered. "Hey, what's happening?" was her greeting to Rita as she let her in.

The apartment was clean and in order, Rita noticed, as she sat down on the couch in the living room. Phoebe sat across from her in an old rocker. Her son went shyly into the bedroom to play as the two women talked. After a few minutes of conversation Rita began the needs assessment. She asked Phoebe questions like: "Do you like where you're living?" "Have you and your baby had a physical lately?" "Have you and your child had a dental examination recently?" "Do you plan to have more children?"

Phoebe told Rita she was satisfied with where she was living. She mentioned that she was still enrolled in the CETA program, training to be a checker in a supermarket. She complained that the $125 a month she receives in food stamps is not enough for her and her son. "They're gone by the middle of the month," she told Rita. "You know why they're gone so soon? Because you don't have a budget, you just buy a lot of junk," said Rita. Phoebe responded laughingly, "Hey, I likes to buy what I likes to eat." Rita had suggested that Phoebe budget her stamps and money during other home visits, but to no avail. "If you want your food stamps and money to last, you're going to have to budget them wisely," Rita told her. She wrote down on the needs assessment form as a short-term goal to help Phoebe write a budget.

Phoebe complained that it took one hour and 30 minutes on the bus to take her son to day care and for her to get to the CETA training facility. "Man I wish I had my own wheels, 'cause this bus system is lousy," she said. Rita listed as a long-term goal on the needs assessment to save for a used car.

When Rita asked Phoebe if she planned to have any more children, Phoebe looked askance at her and answered in the negative. "I can't take care of the one I got," she said loudly.

When asked if her son was properly nourished she replied, "He better be, he's in WIC (Women, Infants, and Children Program). When queried about family relations, Phoebe answered, "they ain't nothing to brag about." She told Rita that her mother had kicked her out of the house at age 13 (she is 17 now). Her brother and sister had the same experience. They lived with relatives part of the time and with friends part of the time. Phoebe became pregnant at 14. She blamed her mother for her predicament and said bitterly, "We're not responsible for being here. If they [her mother and father] didn't want us, they shouldn't have had us!"

Rita had inadvertently skipped over the subject of education on the needs assessment. She asked Phoebe if she was still in school. Phoebe told her she had to drop out in her senior year to support her baby. She is studying for her GED on her lunch hour and during her breaks at CETA. She received a one-time sum of $60 from CETA for studying to pass the GED.

Rita asked Phoebe to prioritize her needs. From the prioritized list Rita constructed a Family Action Plan. Phoebe read the needs assessment and the Family Action Plan and signed them. Rita told her she would help her part of the way, but that she also had some responsibility to satisfy her own needs. Phoebe argued, "Hey, you getting paid to get these things for me!" "Wait a minute, that's not my job. My job is to help you to get the things you need for yourself and your baby on your own . . . to make you independent!" was Rita's rather strong retort. Phoebe became quiet and seemed to accept Rita's statement.

Rita looked down at her wristwatch; it was already 3:30 p.m. She had to pick up her son at the school playground before returning to CFRP. "Hey, I got to go," she told Phoebe. "Alright, then. I'll catch you later," Phoebe responded.

Rita left Phoebe's apartment, picked up her son and returned to the office. It was 4 p.m. She signed in at the front desk and walked to the CFRP section of EOB, with her son following close behind. She greeted her co-workers and sat down at her desk. She began where she left off this morning on the paper work from the day before, while her son played in the lounge. She thought to herself, "I never seem to catch up with this paper work. I'm always a day or two behind."

The home visitors chatted as they worked. Lola commented about the good-looking man one parent had over at her house. Hope commented how tired she was from driving all over town to the various agencies to translate for several Hispanic families so that they could obtain needed services. Gladys told the group about one mother in her caseload getting beat up by her boyfriend. Lola responded to the story with the comment, "That shows he loves her." Hope couldn't accept what Lola said. "You don't really believe that do you?" she asked Lola. Lola said, "That's right."

At last it was five o'clock and Rita and the others could go home. They put their unfinished paperwork aside--it could wait until tomorrow. All the home visitors were worn out from the long busy day. They were ready to head home, where they still had to cook dinner and see to the needs of their own families.

4.2 CFRP Families

4.2.1 The CFRP Population in Las Vegas

When the ethnographic study began in October 1980, CFRP was serving 97 families, of whom nearly two-thirds were black. Along with 61 black families, the program serves 21 Hispanic families, 13 white families, and 2 Native American families. Although the average age of all these CFRP mothers was 25, 16 were teenage mothers, most recruited especially for the CFRP evaluation (implemented two years before the ethnographic study started up). Other families have been in the program as long as eight years; the average tenure is almost three years.

Most of the CFRP parents have low incomes, and an average 10th-grade education threatens to keep them in this bracket. These conditions, of course, spell strain for families. Couples do turn to each other for support--even in the single-parent families, many of the fathers are reported to be involved. Some of the families also have relatives on whom they can count for support. Others have no one but CFRP to depend on for help. For these parents, CFRP has become an adopted extended family, providing support in raising their families.

Nested within the predominantly black CFRP population is a smaller group of Hispanic families, all served by the same Spanish-speaking home visitor. This Hispanic minority differs from the black majority in some important respects. For example, fully 77 percent of the black mothers are single--whether divorced or never married. Among the Hispanics, traditional two-parent nuclear families are more common--only 48 percent of the Hispanic mothers are single.

Hispanic mothers are also more likely than black mothers to be at home with their children. Among the black mothers, 44 percent are working and 21 percent are enrolled in school. Among the Hispanic group, only 24 percent work, and none are in school.

Underlying such statistical differences are important cultural differences between the two groups that may determine how families react to various circumstances. For example, unwed motherhood in the black community is accepted with little or no stigma. In contrast, when a Hispanic mother gives birth to a child out of wedlock, it is commonly regarded as a crime that brings shame on the family. Single motherhood is at odds with the generally strong nuclear family bonds among the Hispanics. Fathers tend to jealously guard their families, often with a stereotypically macho attitude. Oddly enough, this macho attitude is one reason Hispanic fathers became more active in CFRP than black fathers did. Fathers who accompanied their wives to the center only to make sure nobody made a pass at them became more interested in their children and started taking a more active role as a parent--responsibilities traditionally left to the wife.

Cultural and class differences also affect how families set out to satisfy their needs. Generally, Hispanic families would rather seek help from their extended families than from a public agency. The idea of "airing their dirty laundry" in public is distasteful, again because they do not want to bring dishonor upon the family name. This family pride has often prevented Hispanics from participation in public programs, but at the Las Vegas CFRP, Home Visitor Hope has encouraged Hispanic families to join the mainstream of American life. It is Hope's philosophy that "if help is out there, and we're all Americans, then why not take advantage of it?"

Whites, blacks, and Chicanos alike are subject to the realities of poverty and of life in Las Vegas. Children learn early in life about crime and unemployment. At the CFRP Christmas party, while a Chicano Santa Claus received children, a five-year-old white boy with ice cream smeared around his mouth turned to me suddenly and asked, "I wonder if the real Santa has gotten out of jail yet." "I didn't know he was in jail," I said. "What did he get busted for?" The little boy answered rather matter-of-factly, "For robbing a bank." The boy turned his gaze back to the Chicano Santa. He turned again to me, and with a seriousness that belied his age asked, "Do you need a job? If you need a job I can get Santa to get you one." Then without waiting for an answer, the little boy got up from his chair and went over to get more ice cream.

4.2.2 Those Who Were Studied

The nine families observed in the ethnographic study represent a mix of cultural backgrounds and family settings. Six of the families are black and three Hispanic. There are 6 single-parent families in the sample--one adult black mother and 5 teenage mothers, 16 to 18 years old. Most of the teenage mothers have only one child, an infant or a toddler at the time of this study. But one 16-year-old mother has two children, a one-year-old and a 2-year-old. Of the five teenage mothers, four are black and one is Hispanic. The remaining three families in the sample are two-parent nuclear families. These parents are more mature, but they still face numerous problems as they raise children on limited incomes. Two of these families are Hispanic, and one is black.

Life is not easy for the teenage mothers observed during this study. Four of the five have dropped out of school as a result of becoming parents--one as early as the eighth grade, and one even as the ethnographic study was in progress. Only two of these high school dropouts now work full-time: one works as a maid in one of Las Vegas's numerous luxury hotels, and the other is being paid while training to be a landscaper in a CETA program called TWINE (Teenage Women in Nontraditional Employment). Only one of the teenage mothers, Sue Smith, has succeeded in school despite her early motherhood. This young black woman, a high school senior who works part-time as a busgirl, has received a scholarship from a national sorority to attend the local university next fall.

Like most teenage mothers, these five adolescents are torn between being young women with children of their own and being teenage girls still under the protective wing of their own families. Three of them have resolved this conflict by moving out on their own after a great deal of bickering and arguing with their parents. They have traded family tensions for the problems of the isolated, truly single parent. Even when teenage mothers move out on their own, the extended family can still have considerable impact on their lives. Salome Simpson, for example, was an A student who was forced to stop going to school when she lost her babysitter and her extended family refused to help her out.

When the teenage mother lives at home, the extended family's effect can be even more dramatic. Debby Plunket, for example, lives with her mother, who is dying of cancer. Although her mother would help Debby if she could, her illness leaves her unable to care for her grandson or to give her daughter emotional support. And in this Hispanic family, the older brother cannot forgive his sister for having an illegitimate child. Debby has dropped out of school and turned to drugs. Yet Sue Smith's story shows that living in an extended family can help a teenage mother. Sue lives with her grandparents and has a great deal of support from a close extended family. Sue will graduate from high school this spring and begin college in the fall.

These teenage mothers experience another sort of conflict, too--between being a loving parent and being a carefree adolescent. Because these teenagers take the responsibilities of motherhood seriously, their freedom is severely constricted by their role as mothers. They need to go out more often and have some time on their own without their children. They tend to be isolated, especially from their peers. As Salome Simpson put it, "I care about my children and I love them--I just hate being tied down."

The last single mother observed was a 21-year-old black woman, Doris Dorset. Herself a mother when still in her teens, Doris has three older children and a long history of miscarriages and premature births. Despite her doctor's advice against further pregnancies, she had another child, now five months old. Her home visitor hints that Doris has a psychological need to keep having babies.

Doris lives in a state of more or less constant crisis. Her older children live with relatives in another state to prevent the Welfare Department from removing them from Doris's care. (The Department questions her ability to care for the children's health.) Her own housing situation is very fluid: she lives now with relatives, now with friends, now alone with her baby. She frequently runs out of food and money, and her baby knows no stable routine.

Doris Dorset and Debbie Plunket are the two mothers in Las Vegas whose families are clearly multi-problem families. Debby feels helpless in the face of her mother's impending death--even a high school diploma now seems an unreachable goal. Yet this diploma will become even more important after her mother's death, when Debby will have to work. Here is a family situation that would probably be workable if it had not been upset by terminal illness. Doris Dorset, against a background of her own health problems, has lost control of the everyday business of food and shelter. It is not clear what could put this family back on the track.

Except for their poverty, most of the circumstances and needs of the two-parent families are different from those of the teenage parents. These parents are more mature, and there is more than one child in the family. In the two Hispanic households, the father works to support the family. In addition, Mrs. Rivera sells Tupperware--work she can do at home. (Her husband objected to her seeking employment outside the home.) In the black family, it is Mrs. Pearson who supports the family; she works as a Head Start teacher's aide and is also continuing her college education. Her husband is handicapped and unable to work.

Like most families, the Riveras, the Oviedas, and the Pearsons have some stress and tension in their marriages. Mr. Rivera and Mr. Ovieda are both domineering and authoritarian, and both families also have some problems with their in-laws. Two of the children have health problems, but CFRP is assisting them in this area. Their brother is having problems in school of the sort common among young boys. And the Riveras' nine-year-old daughter has an emotional problem that is causing her schoolwork to suffer. The Pearsons' major problem--beyond Mr. Pearson's handicap--is the shortage of money. All these factors cause stress and tension, but, on the positive side, the families are coping with their situations and remain fundamentally stable.

It is this stability that allows attention to be focused on the development of the children in these nuclear families. None of the problems mentioned are so grave as to detract from the proper care of the children. The parents have a genuine and sincere interest in learning about child development and improving their parenting skills. It is in these stable nuclear families that the original goal of CFRP reaches full fruition, and most time during the home visit is devoted to working with the infant or toddler and the parent.

The following thumbnail sketches describe each of the nine families studied.

> Debby Plunket is a 17-year-old Hispanic mother of one child, 5-month-old Dino. Debby's relationship with the father of the child is strained; he denies paternity. Debby's relationship with her older brother is also not good. He believes she brought shame upon the family because she is an unmarried mother. In addition, he has somehow drawn a causal relationship between their mother's terminal illness and Debby's predicament. Debby receives ADC, which allows the barest minimum for survival. She would like to return to high school to get her diploma, but her mother is too ill to care for the baby and Debby refuses to leave the child with a strange babysitter.

> Louise Harris is a 18-year-old mother with a 2-year-old son, Damien. Louise has never been married, although the father of the child is occasionally involved with the family. Louise is enrolled in a job training program and leaves her son in day care while she is training. She earns some income while being trained, but obviously it is not enough since she was arrested for purse-snatching during the course of this study.

> Sue Smith is a 17-year-old mother of a 2-year-old son named John. She has never been married. The father is somewhat involved with the family. Sue lives with her grandparents and has the support of other extended family. She attends high school in the morning and works in the afternoon. While she is gone during the day her son is cared for by her sister or grandparents. Sue is a good student and has received a college scholarship from a national sorority recently.

> Glenda Green is a 17-year-old mother of one child, 2-year-old Lysenda. Glenda shares an apartment with her sister and her twin daughters, who are the same age as Lysenda. Glenda has never been married and the father is not involved with the family. She is a high school drop-out and is receiving ADC.

Salome Simpson is a 16-year-old mother of 2 children: 3-year-old son Jaime, and 1-year-old daughter Linda. Salome has never been married, and the children's father is not involved with the family. Salome quit high school and is working as a maid. In this way she is able to support herself and her children. She feels her freedom restricted by motherhood, but loves her children too much to give them up.

Paula Pearson is a 20-year-old mother of 2 children: 2-year-old Larita, and 1-year-old Philip. Paula's husband is a handicapped preacher. She is presently training to be a Head Start teacher's aide, and is earning her Child Development Associate (CDA) certificate. Paula earns a meager salary while training which she supplements with food stamps. In this way she supports her family. She intends to move on to a better paying teaching position when she receives her CDA and gets more experience.

The Rivera family consists of wife Molly (age 27) and her husband Manuel (age 35) and their 2 daughters 1-year-old baby Molly and 7-year-old Elvia. Both Riveras work. Molly sells Tupperware and Manuel works in maintenance. At one time Manuel was a wife-beater; today he is a model husband and father. He attends parent center activities with his wife on a regular basis. His family went from high dependence on CFRP for practical needs to almost complete independence of the program. Today, now that their practical needs are less pressing, the focus of the program has shifted to satisfying the Rivera's interest in parenting and child development.

The Ovieda family consists of wife Eva (age 35) and her husband Miguel (age 37) and their 3 children: 2-year-old Janie, 7-year-Tomas, and 11-year-old Rudy. Eva and Miguel have been married 12 years. Mr. Ovieda is employed and is the sole support of the family. He is an authoritarian husband and father, but is a good provider. He never attends CFRP activities, but allows his wife to go occasionally. Mrs. Ovieda speaks only Spanish and would like to learn to converse in English, but her husband will not allow her to leave the children to attend class.

Doris Dorset is a 21-year-old mother of four children. Three of her children are living with relatives in another state. Her youngest child, 1-year-old Laronda, lives with her. Doris loves babies but cannot control them as they grow older. She has a history of miscarriages and premature births, but continues to become pregnant often. In addition, her life is unstable and she moves frequently from friend to friend, and from relative to relative. She has never been married, and none of the children's fathers is involved with the family. Today, for support, she receives ADC and is sharing an apartment with her brother.

4.3 Needs Assessment

Needs assessments are an important part of CFRP; they enable staff to individualize and tailor program services to meet specific family and child needs. This process starts when the family is recruited into or joins CFRP. It usually involves a team of staff---the home visitor assigned to work with the family, the Home Visitor Supervisor, and the Infant-Toddler Specialist. The latter two usually observe and/or assist with the interview. They meet with the mother and sometimes other members of the family, either at their residence or the CFRP office, to conduct a needs assessment interview. The interview helps staff find out what the family perceives their needs to be. A checklist of possible problems, clustering into four main areas--material needs, health, education, and social services--is used to guide the interview. (This Family Service Plan is included in the appendix.)

No new families were available to observe an initial needs assessment, but four six-month reassessments were viewed. The interview takes approximately an hour and the home visitors' approaches were similar. With the exception of one family there were few asides; rather the home visitor kept the parent(s) on the subject at hand. In the case of the Hispanic families, of course, the main difference was that the interviews were conducted for the most part in Spanish.

Starting with material needs the parent is asked if she is satisfied with where she lives. If the parent reports no problems with housing, then the home visitor records that as a strength on the Needs Assessment Family Service Plan (NAFSP). If the parent is not satisfied with her housing the home visitor would assist her in finding another home. The home visitor would note on the NAFSP that the family wishes to relocate to better housing. She would also mention the action to be taken to help secure better housing, and she would note the time and date to begin follow-up on the problem. Finding housing would be listed on the NAFSP as a short-term goal if it could be accomplished in less than a year. If the task cannot be accomplished in a year's time, it is listed as a long-term goal. If the CFRP family has a far-off dream of someday owning their own home this would be a long-term goal even though it might seem beyond the realm of possibility at the time. "It gives them [the family] something to strive for," the Home Visitor Supervisor maintains.

The parent is next queried about employment. If she is unemployed and she states she prefers not to work, but rather to remain home to care for her children--this would be recorded as a strength. There is no problem: the mother knows what she wants. If, on the other hand, she wants to work but has been unable to find employment, this is considered to be a problem. In such a situation the home visitor would inquire whether the parent had registered with the State Unemployment Office; if she had not, then that would be the first step to be taken. If the parent is without job experience or training, the initial step would be to see what job training programs were available and to get the parent enrolled in one (e.g., CETA).

"Are you suing someone, or is someone suing you?," is a good opening question for the section on legal problems, according to the Home Visitor Supervisor. If, for example, the parent answers in the negative to this question and the home visitor knows that the family has recently had an overdue charge referred to a collection agency, the home visitor would mention to the parent that this constitutes a legal problem, and she would help her take the necessary steps to resolve it.

Food is the next area of concern under material needs. If a family is eligible for food stamps but has not applied for them, then the home visitor must inform them of their eligibility and encourage them to apply. If family pride inhibits them, the home visitor then explains that this is only a temporary condition that will allow them to "get back on their feet," and that they should not be ashamed to apply. If the family has no transportation to the Food Stamp Office, then the home visitor will drive them there. The acquisition of food stamps is considered a short-term goal on the NAFSP, since it can be accomplished in a relatively short time.

The second major problem area listed on the NAFSP is health, and the first subtopic is physical exams. The home visitor must find out whether the child has had a physical recently and has had immunizations for the various childhood diseases. The health of the CFRP child's siblings is also a subject for concern. If the siblings of the CFRP child had not had their immunizations or a recent physical, then appointments would be made for them as well. Another matter of concern for the home visitor is the mother's health record. Say, for example, that the mother has not had a physical since her baby was born and now the child is two years old; she too would need to be examined. Immunizations and physical examinations are listed on the NAFSP as short-term goals, since they can be readily accomplished at the EOB Clinic which is housed nearby. The home visitor needs to specify on the NAFSP who the physicals are for, or who has a particular health problem--the parent, the CFRP child, or one of the siblings. Any observable medical problem or handicap is listed on the NAFSP and help is provided by the home visitor to the family in obtaining proper medical care. If, for example, the child was bowlegged, the home visitor would refer the parent to the local Children's Clinic. Dental needs also fall under the category of medical problems. Dental needs of the family will be cared for at the County Health Department and the EOB Clinic.

Mental needs follow dental needs. The home visitor needs a good deal of tact in broaching this subject. A high degree of rapport between the home visitor and the parent is also important before a discussion on the mother's mental health can take place. During the initial needs assessment, the parent's true feelings about her mental health usually are not revealed because the parent is new to the program and still feels uncomfortable discussing intimate problems with strangers. Thus it is not until much later that the parent will reveal to her home visitor her mental state. If the parent admits to feeling overwhelmed with care of her children and her housework, then the home visitor might arrange day care for the children to allow the parent some time to herself.

Nutrition is the next area of concern. The home visitor asks the parent if she feels her family is receiving a balanced diet. Then she would probe to discover the kinds of meals the mother cooks for her family. The home visitor would inquire about the level of "junk food" consumed by her children. If the parent and/or the home visitor felt the need for nutritional counseling, the parent would be referred to the resident EOB nutritionist. If the mother and child qualify for the WIC Program, the home visitor would encourage her to apply. Most medical problems would be listed on the NAFSP as short-term goals since most can be acted upon and resolved fairly easily.

The third major problem area on the NAFSP is education. In the case of CFRP the focus here would be on the parent since the children are too young to be in school (P-3). Some concern is shown by the home visitor for the siblings of the CFRP child who are enrolled in Head Start or are attending public school. This is particularly true if these sibilngs were in CFRP, since her concern is part of the program's follow-up. The home visitor would assist if the older children were having problems in school by attending parent-teacher conferences and so forth. But the indication here is that it is the parent's education that is of primary concern. Thus the first subtopic under education is adult training. Is the parent enrolled in school? If not, does she wish to further her education? The home visitor elicits answers to these questions. If the parent wants to work toward a bachelor's degree and she has not earned a high school diploma yet, then this would be noted on the NAFSP as a long-term goal. If she just wants to obtain her GED, and she can accomplish this task in less than one year, the home vistior would list this as a short-term goal on the NAFSP.

Illiteracy is the second subject under the category of education. Finding out about the literacy of parents is a sensitive issue. It is difficult to discover whether the mother can read without hurting her feelings. One approach that is used by home visitors is to give the mother a page to read. If she doesn't understand it and asks for an explanation, you know there is a problem. Other home visitors feel more comfortable asking parents directly how far they went in school. The extent of illiteracy is not known for many mothers in CFRP--many of them dropped out of school at an early age. Others finished the 12th grade but their ability to read is questionable. The families in this study all appeared literate; they did not have any problems reading the lesson plans.

Under the third subtopic, school problems, the home visitor is concerned with both the parent's problems in school and her older children's problems. But, as mentioned earlier, it is the parent's educational problems that seem central to CFRP, since many of the parents are teenagers trying to earn high school diplomas. If parents are having problems in school it is the home visitor's responsibility to discover them in order that steps can be taken to resolve them.

The fourth, and last major problem area on the NAFSP is social relations. Family relations are the first concern under this topic. If the mother is single, does the child have a father figure present, such as an uncle or the mother's boyfriend? Does the mother have family to turn to as a support system? If the answers to these questions are in the negative, the home visitor might suggest that the single parent contact the local chapter of Parents Without Partners, a group where single parents can share experiences with each other.

Agency relations is the second area of concern. If the parent is having problems with such agencies as Welfare or the Housing Authority then the home visitor will assist her to resolve the problems, becoming, in effect, the family's advocate.

Community problems are the final subject to be covered in the NAFSP. Here the home visitor's concern is with the community milieu in general, and the neighborhood in particular. Do the family's neighbors have all-night parties that create a disturbance? Is the neighborhood a battleground for gangs and narcotic traffickers? If possible, would the family like to relocate to a more peaceful neighborhood? These are some of the questions the home visitor asks to determine the parent's needs in this area.

The information obtained in the needs assessment interview is used to develop a family action plan (see Appendix). It is designed to assist the family in its own efforts to improve the conditions and quality of their lives using existing community services and resources. The plan always relates to the most important needs, goals, and desires of the individual family as they identify and express the need. Sometimes, the basic needs of families and children change, and as some needs are met, new ones often develop. As one home visitor commented, "You have to remain flexible to any change that may occur."

The needs assessment interview with the Oviedas, one of the Hispanic families, illustrates the interviewing process used by home visitors to elicit this information.

"Hay problemas con trabajo?" (are there any employment problems?), home visitor Hope asks. "No hay problemas, contento" (there are not problems, I'm satisfied) is Mrs. Ovieda's response. "Hay problemas legal?" (are there any legal problems?) "No." "Comida?" (food?) the home visitor asks. "No," was the reply. "Salud?" (health?), she queried. "Si, hay," (yes, there is) said Mrs. Ovieda. Her son Rudy (age 11) was described as a chronically ill child, with a propensity for nosebleeds. Also, he is thought to be anemic. His sister Janie is also less than physically fit, due to what was thought to be a congential heart problem. The information is recorded on the form. The home visitor's reaction was one of sympathy and concern even though she was already aware of the child's condition.

"Hay problemas en la escuela?" (are there problems in school?), the home visitor inquired. Here the concern was with the older children's problems. "Si, hay," (yes, there are) was Mrs. Ovieda's quick response. She went on to explain that her son Tomas (age 7) is constantly involved in fights with an older boy, and, punching in the air, demonstrates how her son would hit the other boy. What's more, his teacher has complained that Tomas does not turn in his homework. The teacher wonders why because he knows Tomas is intelligent. The home visitor said she would accompany Mrs. Ovieda to the next parent-teacher conference to discuss the problem.

Home visitor Hope went on to ask Mrs. Ovieda about the mental health of the family. "Como esta la salud mental de la familia?" (how is the mental health of the family?) Showing a lively sense of humor, Mrs. Ovieda responded, "Todos estan locos aqui" (everyone is crazy here).

Returning to the subject of education, Mrs. Ovieda told the home visitor that she would like to learn to speak, read, and write in English. The home visitor told her that English classes will be conducted at the center in the near future.

The home visitor moved on to inquire about the family's social problems. There were none, according to Mrs. Ovieda. The same response was given when asked about community problems. Moving on to the subject of nutrition, home visitor Hope asked if the family was taking vitamins. Mrs. Ovieda answered "Yes, multivitamins."

As alluded to earlier, the needs assessment interview not only helps the home visitor to discover the family's needs but also its strengths. Employment is listed as such a strength because the Ovieda family is not experiencing any problems in that area at the present time.

After going through the needs assessment interview form, Mrs. Ovieda is asked to "prioritize" the family's needs and problems. The medical problems of the children took top priority, then Tomas's problems in school, followed by Janie's periodic dental examination. The home visitor knew that Janie was due to have her teeth examined and she reminded Ms. Ovieda of the need. And finally, English classes for Mrs. Ovieda. This was listed as a long-range goal, one she would not be able to accomplish in the short term.

Some parents, particularly newly enrolled families, require some help from CFRP staff in determining what should be accomplished first. An unemployed teenage mother living with her extended family, for example, may want to change her living arrangements and apply for low-income housing so that she can be on her own. She doesn't realize, however, that she will have difficulty making ends meet without assistance from the Welfare Department or a job. In this case, the home visitor helps the mother to face reality and gently prods her to change her priorities--applying for a job or Aid for Dependent Children first before seeking subsidized housing. Families in this sample were observed to accept almost without question the suggestions of the home visitors in regard to the ordering of their needs.

The information on needs and priorities is recorded on the needs assessment form. It is read to the parent before she is asked to sign the form. A copy is given to the parent so that she has a record of the family goals that were set.

The Oviedas had been in the program for three years when the family's needs were reassessed. Assessments with newly enrolled families are usually more comprehensive than that described for the Ovieda family. The initial assessment will elicit more information about the family (the ages of children and other household members, income sources, etc.) and probe more deeply into the parent's relationship with her children, problems with the children, housing, transportation, and so on.

According to staff, it is not always possible to elicit honest responses from families, particularly when they are new to the program and haven't yet established a relationship of trust with their home visitors and other CFRP staff. The head of one of the Hispanic two-parent families resented the home visitor at first. He felt she was "meddling in his family affairs." That view of the process has changed over time as he learned to accept the home visitor, as well as her counsel.

4.4 Program Activities

4.4.1 Home Visits

It is the home visitor's duty to visit the home every other week to conduct an individualized lesson plan based upon the child's chronological or developmental age. They are to teach the parent how to conduct an activity with her child. It is also the home visitor's responsibility to make certain that her families receive the social services that they need. They are to provide the families, if no other way is possible, with transportation to and from various agencies and center activities. In addition, home visitors may have to assist with family emergencies if the situation warrants.

Mavis equates the home visitor job with that of a social worker. She says they differ only in that the home visitors do not see much brutality and neglect that a social worker might see. The home visitors see the major goal of the CFRP as being to teach or train families who are having problems coping with their daily lives. Advocacy is also part of their goal; they educate families concerning their rights to receive aid from the various programs available.

Home visitors must have knowledge about early childhood development and have the ability to work with infants and toddlers. They should also be able to identify problems that their families might be experiencing, and to determine if what they see is a symptom of a more serious problem. If this is the case, they must be able to help the families alleviate or resolve their problems by developing and implementing a plan of action.

The home visitors are trained in child development, parenting, stress management, counseling, and so forth. They also have gained a thorough familiarity with other agencies in the community and the services they provide. This knowledge makes the hove visitor an important resource person to the families in their caseloads. Armed with a vast knowledge of community resources, they are able to assist their families with almost any problem, whether the problems concern children, legal issues, employment, physical or mental health, nutrition (diet), or rehabilitation.

Scheduling of Home Visits

There is a schedule to remind family workers when home visits are to occur; if there is a conflict, the schedule can be changed. The families that have been in the program a while know that visits are conducted every other week so they do not make other plans. They are usually expecting and are prepared for the visits. The home visitor usually schedules several families during the same day for dental or medical examinations and transports them all at once to and from their appointments. Some days a parent has multiple needs that require attention like applying for ADC, food stamps, and assistance in paying their bills, as Salome Simpson did during the study. In such a situation the home visitor will spend all day with the parent. Crisis situations like Mrs. Plunket's chemotherapy treatment usually required that the home visitor Hope spend most of the day with her.

Although families ideally were to be visited twice a month, the frequency of home visits varied according to a number of factors--the home visitor herself, the size of her caseload, the type of need and/or problems of individual families, and the type of family (single teenage parent, two-parent family, working parent, student parent, working/student parent, etc.).

The Plunket family, because of the extenuating circumstance of the grandmother's illness, was visited some months a total of 12 times. These visits revolved around Mrs. Plunket's sickness and the problems associated with it. Little time was spent with the young mother and her infant son during the visits--the impending death detracted from life's other issues and problems.

The Oviedas were visited about three times per month; most of each visit was devoted to parenting and child development and not much time to family needs. Due to the medical needs of the Oviedas' two youngest children (Janie and Rudy), in the past they have been visited up to seven times in one month (May 1977).

The Riveras are visited four to five times per month; again, a majority of the visits was spent on parenting and child development, and less time was spent on parent needs and problems.

The single black teenage parents (Green, Smith, Simpson, and Harris) have been the most difficult to contact for home visits because of their work and school schedules. Although it is not desirable for the teenage parent to drop out of school or lose her job, the frequency of home visits does increase when either of these events occurs.

With Sue Smith, who goes to school and works, home visits are scheduled around her work and school schedules. They usually occur once every two weeks. If the home visitor cannot contact Sue to schedule a home visit, she will schedule a visit with Sue's grandparents, who take care of her child during the day. In this way the home visitor can at least work with Sue's child on a lesson plan.

Louise Harris is another teenage parent who is difficult to schedule home visits with because she is attending a CETA training program. The home visitor can and does work regularly every week with Louise's son at the EOB Day Care Center where he is left during the day. In this way at least the child's development can be monitored. Information about parenting and child development is provided to the mother, Louise, when she picks up her son from day care. The home visitor still attempts to schedule home visits two times per month, although she does not often succeed.

Salome Simpson was attending high school last year and this made it difficult to schedule regular home visits twice a month. When she dropped out of school during the latter part of last year, visits to her home did occur on a regular biweekly basis. She even attended center sessions, which she never did while in school. Toward the end of this study she got a job at a hotel as a maid. Again the visits to her home became irregular, although her home visitor made the effort to schedule them every other week.

Paula Pearson is a married woman and is a teacher's aide at the EOB's Head Start Center, which is housed in the same building as CFRP; thus she is in daily contact with her home visitor. This convenience allows the worker to schedule home visits rather easily, and Paula expects a regular visit even though she sees her worker every day. Thus she is visited regularly at two-week intervals, usually in the late afternoon when she gets off work. Home Visit Forms and Reports show that she also received an average of 1.6 visits per month.

Doris Dorset is a single adult nonworking parent. Though she is not employed, it has been difficult to schedule regular home visits with her because she moves frequently. Her home visitor still tries to schedule a visit every two weeks, but does not always succeed. Home visit reports and forms show that she received an average of less than one home visit per month.

From the point of view of the family worker, the ideal schedule for home visits would be five visits each day, each lasting 1 1/2 hours. However, most make three or four visits, each lasting much less than 1 1/2 hours. During the visit a lesson plan is accomplished with the child and parent. This takes anywhere from 15 to 30 minutes. The rest of the time is spent discussing the child's development and the needs and concerns of the parent. Most home visitors (except Hope) find it difficult to find enough to talk about so they do not stay the whole 90 minutes.

After making their rounds of visits they return to the office. They must sign in and out whenever they leave and return. If they were able to reach the ideal of 5 visits that day, lasting 90 minutes each, they would have 30 minutes left in the work day (if they had started at 8 a.m.). But this is seldom the case, and there is enough time remaining after home visits to fill in the paperwork associated with the visit (Contact Forms, Referral Forms, Social Service Forms, etc.). If the home visitor is able to catch up with her paper work, which is rare, she is allowed to go home early. This is done with full concurrence of the Program Director, who sees this as a reward for a job well done. It is also hoped that this occasional reward of releasing the home visitor early will help prevent her from burning out.

When, as is often the case with the single teenage mothers, the home visitor is unable to make a visit, she uses this time to catch up on her paperwork. If a home visitor has a particularly active caseload, as does Hope, then most of her day is spent ministering to the needs of these families. In this case her paperwork accumulates, forcing her to remain in the office some days to bring it up to date.

Lesson Plans

All home visits are guided by a lesson plan to ensure that child development concerns are addressed with all families. The lesson plan is determined before the home visitor arrives for a visit. Activities appropriate for the children are selected from the Portage Guide, an age-specific curriculum covering infant stimulation, socialization, language skills, self-help, cognition, and motor skills. (A sample lesson plan appears in the appendix.)

Initially the child's development is assessed with the Learning Accomplishment Profile for Infants during the first home visit. The child's strengths and weaknesses are determined. A long-range plan is worked out by the home visitor to focus on the child's weaknesses. For example, if a child is determined to be weak in gross motor skills, exercises or tasks will be worked on with the child to improve these skills. The exercises are done with the mother and child during the home visit. The task will be done until some degree of success is reached. If the child fails the task, the mother is told to work on it with her/him between home visits (say for 10 minutes per day). The failed task remains on the lesson plan until the next home visit when the child's progress is again assessed.

The lesson plans are taken from the Portage Guide or are made up by the home visitor. The home visitor's lesson plans are read by the Home Visitor Supervisor to make sure they are correct before she makes the visit. As the home visitor becomes more experienced, she is allowed to develop lesson plans on her own. Later she meets with the Home Visitor Supervisor to evaluate the lesson plans to ascertain their effectiveness in improving a child's weaknesses in development. All lesson plans are approved and signed by the Home Visitor Supervisor when they are initially written and after they have been accomplished.

Instructions are written down describing the materials needed for the exercise and what tasks are to be accomplished. The parent reads the plan and then is asked to assist the child in performing the task. As it is completed, the parent signs the lesson plan to indicate to CFRP that the activity took place.

Home visitor Lola's visit to the Pearson family illustrates how the lesson plan is implemented. After a brief exchange of social amenities upon entering the home, the lesson plan was presented to Paula Pearson. After a few minutes Lola asked Paula in a half serious tone, "Are you ready?" "I'm ready," she responded. "Should I just start?" she asked. "Okay, Larita, Lola wants you to jump up and down okay?" Paula said to her three-year-old daughter. The little girl answered, "Okay." Her 15-month-old brother, Philip, got in her way and Paula asked him to step out of the way. "You're going to jump up and down with mommy, okay?" "Okay," was Larita's response. "Bend your knees, then like this, can you do this?" Paula jumped up again. "Don't be shy now, come on," she prodded the toddler. "Like this, come on, jump," Paula jumped again. The child stared shyly at her mother, not making a move. "I can't," Larita said. "Yes you can, come on!" her mother exclaimed. "Come on, jump like this," Paula jumped still another time. "I wanna get my jump rope," Larita told her mother. "Okay, go get your jump rope," her increasingly exasperated mother answered. Turning to Lola, Paula said, "She says she'll jump when she gets the jump rope."

While Paula was showing her daughter how to jump, little Philip was mimicking her jumping but he could only get one foot off the ground. Urged on by his mother and Lola, Philip tried again. "Good!" Paula said. "Look at Philip, you see him trying to jump?" she said to Larita, who had returned with her jump rope. Philip clicked away with his toy pistol as he did his "semi-jumps." It was obvious that Paula was pleased with the little boy. "You are doing better than Larita today," she commented. Philip smiled widely as all the attention was focused on him.

"Come on, jump, Larita. Let Lola see you jump," Paula said again as she jumped yet another time. "Let me see you jump," Lola pleaded with the little girl. "Go ahead," her mother prodded, determined to have Larita show that she can jump with two feet leaving the ground simultaneously. Paula turned again to her son, Philip, as she jumped several more times: "Come on, Philip, jump." Larita was sucking on the yellow plastic handles of the jump rope, while Philip was shooting at his sister with his toy pistol. The kids were just not cooperating today.

After repeated attempts, Paula said apologetically to Lola: "She's lazy today. I let them outside when we got home. I should have kept them inside." The musical sounds of an ice cream vendor drifted in from outside. "Mommy, can I go get a popsicle?" Larita asked. "No, you wouldn't jump," was Paula's response. "Will you jump?" "Noooo," was Larita's answer. Not one to give in easily, Paula showed her how to jump again. "Put your feet together like this, now jump." This time Larita made a partial jump. Paula was not satisfied. "Why won't you jump?" she asked, her voice becoming slightly strident. Paula was determined to get Larita to jump. "Put your legs together, bend your knees, now do like this," Paula said as she jumped several more times. Larita ignored her mother and left the room to get a toy camera.

Lola noticed that Philip was walking and asked him: "Hey Philip, how does it feel to be walking now?" In answering, Philip tries to repeat words. "He is repeating everything lately," Paul commented. She tries to coax him to repeat a word. "One, two . . . aren't you going to count for Lola?" Philip did not respond. "Last night he counted up to three," Paula asserted. "Say it, Philip. One, two . . . say one, one, one, two, two." "Both of them are a disappointment today. That's the way it always is--when someone is around they never want to cooperate."

"Well," Lola said as a cue to end the futile exercise, "that was the lesson plan for the two toddlers." As an aside, Paula mentioned that she is trying to practice on her children the developmental tasks she learns in her teacher's aide classes. In addition, she is trying to save some money to buy some educational toys for her children.

Lola asked Paula to sign the lesson plan. If she had any comments or complaints, she was to list them on the back of the form. Upon leaving Lola turned to Larita and said; "Let me take your picture. Say cheese!" "Cheese" Larita responded. "Cheese," Philip mimicked. As Lola snapped the picture, Paula asked: "Did you hear that? See, I told you, he said 'cheese.'" Everyone laughed. On this note, Lola got up to leave. Paula followed her outside to say goodbye.

This home visit was somewhat unusual because its focus was almost entirely on the child development activity called for in the lesson plan. Lola tends not to linger in the home after presenting the lesson plan, unless there is a need or a problem the mother wants to talk about. She wants to avoid being considered intrusive.

In contrast to the Pearson visit, considerably more time is devoted to family needs and problems in most home visits that were observed. In fact, a tension appeared to exist between staff efforts to provide a certain basic curriculum, agenda, or core of services--the lesson plan--to all families, and their efforts to individualize the program to meet specific family needs. One home visitor expressed the belief that in order to make CFRP families independent, the program has to deal first with parents' problems. Only when these problems are addressed and resolved will the family be strong enough so that the child development issues can be addressed. "How can you focus on the development of your child, when you are worried about not having enough money to pay the rent, or to buy groceries to feed the family?" the home visitor queried.

In some cases, home visitors are forced to be exclusively crisis-oriented in dealing with their families. Home visits to the Plunket family, for example, focus almost entirely on the grandmother's terminal illness rather than on parenting or child development issues. Once or twice a month, home visits are replaced by visits to the clinic where the grandmother is taken for chemotherapy treatments for her cancer. Because Mrs. Plunket does not speak English, home visitor Hope feels it is necessary to accompany her in order to translate. During these trips, "we talk about a lot of things in her past that she wants to talk about," comments Hope. "It's just kind of a release [for her], and I just can't get up and leave her."

After a long wait at the clinic and the drive back, Hope is usually too emotionally drained from the experience to conduct a regular home visit and present a lesson plan. Debbie and her five-month-old son, Dino, were absent for several months of the study. They had taken a trip to Miami, where Debbie's father lives, to get some relief from the mental anguish she feels over the many crises that have occurred in her life in the past year--pregnancy, the out-of-wedlock birth of her son, and now facing another major event in the life process, death.

When possible, Hope gives Debbie literature on child development and parenting and discusses the kinds of behavior she can expect from her son at each stage of his development. These kinds of topics are normally covered in center-based infant-toddler sessions (described in a later section), which Debbie usually is unable to attend. In this way, Debbie can determine what is normal and acceptable behavior. She checks Dino's development regularly, as suggested in a book Hope shared with her. Debbie observed that her five-month-old son is able to do tasks that only two-year-olds are supposed to be capable of. "He claps his hands, he responds when you talk to him, he looks at objects that are very, very small," Debbie maintains with motherly pride. She is determined to raise her son properly. The advice and counsel she receives from CFRP, she feels, is helping her accomplish that goal. Home visitor Hope is doing everything possible to help the Plunket family through these difficult times.

The Supervision of the Home Visitor

Additional Contact Forms are used to monitor the social service component of CFRP. The parent must sign the form after a service was performed by her home visitor. Before the home visitor leaves the office, the supervisor goes over the Additional Contact Form and initials and dates it. Upon the home visitor's return the supervisor initials the form again, after she makes sure the parent has signed it.

To monitor home visits for the purpose of conducting lesson plans, the Infant-Toddler Specialist or supervisor reviews, records, dates, and signs the lesson plans. She also records when she approves the home visit and the date when it was completed. Mavis, the supervisor, devised this system of checks when she was the Infant-Toddler Specialist.

If, for some reason, the lesson plan cannot be done, the home visitor must explain why on the lesson plan and the parent must validate the explanation by signing. In the situation where the lesson plan cannot be conducted because the parent is not at home, validation is more difficult, and the supervisor has less control. In this case she has to rely on trust because she has no way of knowing whether the home visit was made or not. (Calling the parent to validate or confirm the fact that the parent was not at home would be a breach of trust between the supervisor and her staff, so this is not done.) A record is kept of each home visit, telephone contact, and social service performed for a CFRP family. These records are reviewed during the one-to-one sessions the supervisor has with her staff every other week. This is done to keep the home visitors "on their toes" and to keep the supervisor informed of their activities.

Home visitors seldom switch families, but if it was decided that a serious enough need existed to switch, the supervisor would not object. The only time that a switch has occurred is when a family moved from a CFRP in one city to a CFRP in another city. Doris Dorset moved from Henderson to Las Vegas; Mary Mason was her home vistor in Henderson, and Dona Davis became her new one.

All the home visitors get together on Fridays for a staff meeting. During these meetings concerns, criticisms, gripes, and compliments are voiced. They discuss program objectives to determine whether they are being met within the time frame projected in the funding proposal. It is basically a planning and review session. CFRP staff examine the methods and strategies used to meet program objectives to determine their effectiveness. They devise new methods of reaching goals if the old are deemed unworkable. The staff "brain-storm" for solutions to problems each may be having with her families.

Every other week, one-to-ones are held. A one-to-one is a type of sensitivity session where the home visitor and the supervisor discuss various concerns. They review the caseload, updating information on the families and putting it in order. The Needs Assessment Form is given special attention to determine whether family goals are being met. In addition, the social service section of the family's file is perused to see if the services provided are indeed helping the family reach their stated goals.

4.4.2 Center Activities

Infant-Toddler Sessions and Parent Sessions form the core of CFRP's center program; there are also other activities and events, such as ceramics classes and Christmas parties.

Infant-Toddler Sessions

An important center activity is the Infant-Toddler Sessions conducted every other week. The approximately one-hour sessions are designed to increase parents' understanding of child development and to teach them improved parenting skills. Adults are the primary focus of the Infant-Toddler Sessions; from what was observed, only occasionally do the sessions involve both adults and children, providing parents with opportunities to interact and work with them.

The January Infant-Toddler Session was the first one conducted in several months because there was no one to lead the groups. (No other Infant-Toddler Session was observed during the first three months of the study.) This afternoon session focused on stages of child development and behavior traits. A booklet covering briefly some aspects of early childhood development, prepared by the Infant-Toddler Specialist, was handed out to the parents who were present. The presentation started with a discussion of the first section of the booklet, focusing on two-year-olds. The Infant-Toddler Specialist read down the list of behavior traits. In terms of social-emotional development, two-year-olds are "self-centered," frequently using words like "me" and "mine." She went on to say that "two-year-olds don't share, do a lot of pushing and shoving when in contact with other children, are easily distracted and frustrated, and tend to engage in solitary play. They are almost totally dependent on adults and cling to the familiar." She went on to the topic of the cognitive development of two-year-olds, and explained how they learn: they can't recognize problems, they have no spatial concepts, they investigate by touching and tasting, they use one- or two-word sentences, they repeat words and phrases over and over, they have a short attention span, and they can only deal with one thing at a time. A similar list was read concerning the two-year-old's motor development. Several behavior traits of children in this age group were mentioned that parents might regard as "naughty." It was stressed to parents that these behaviors are healthy and normal for this age of the child's development.

The group of parents listened politely to the presentation. When asked if anyone had any questions, only one mother indicated she needed information--about the behavior of nine-year-olds. The Infant-Toddler Specialist responded that she did not have any information on that age group and diplomatically reminded the group that CFRP's focus is on the infants and toddlers. The same question was raised again at the conclusion of the session, at which time the Infant-Toddler Specialist promised that she would mention the mother's interest to the Home Visitor Supervisor. Possibly a session focusing on nine-year-olds could be planned.

Following this brief question-and-answer period, the Infant-Toddler Specialist proceeded with her presentation, this time focusing on the preschool child. She skillfully avoided discussing the Freudian stages of development such as the "phallic stage" and the "Oedipus and Electra complexes" which were listed in the handout as traits of the preschool child. Instead, she touched on the 51 other characteristics on the handout. After reciting the list, she again elicited questions from the group. One mother professed the belief that these characteristics develop normally, but are "disrupted" if parents are working and have minimal contact with their children. The Infant-Toddler Specialist concurred with this view, and mentioned studies that lent credence to the mother's statement. Other than Mrs. Rivera, there were no working mothers present, and she did not react to the statement. Since many CFRP mothers work, attend school, or both, they seldom attend the sessions. Mrs. Rivera sells Tupperware in her home and she sets her own schedule. This gives her flexibility. Other mothers are employed in jobs where their hours are set.

Next, a motor sequence chart was presented showing with pictures and captions specific motor activities normal children should be able to perform at particular stages of their development. If the children can't do these activities, the Infant-Toddler Specialist urged that "they should have further evaluation to see if everything is okay." "If there is a problem," she continued, "the sooner you can detect it, the sooner you can get some help to correct it." The formal presentation ended on this note.

In wrapping up the session, she asked parents for suggestions for future session themes or particular subjects that might be of interest to them. "This is your program," she reminded the group, "I don't want to present things that are only of interest to me. . . . We want to help you to become better parents and in this way help your children." Two suggestions were made: a session on behavior traits of nine-year-olds, and temper tantrums. In response to the last suggestion, the Infant-Toddler Specialist explained that "tantrums are an attempt on the part of the child to gain attention. If the parent ignores the tantrum, the child will eventually tire and stop." Finally, the Infant-Toddler Specialist stressed that she would expect more two-way exchange in future sessions than occurred this day.

This concluded the Infant-Toddler Specialist's first 35-minute session since she joined CFRP. The Infant-Toddler Specialist did not pass her six-month probation period. In the months of February and March no sessions were observed.

Parent Sessions

Parent Sessions, conducted at the center every other week (depending on the health of the child psychologist), are somewhat different in focus from the Infant-Toddler Sessions. Instead of teaching parents about child development, the Parent Sessions place more emphasis on the relationships between children and parents. The two sessions complement each other.

Separate Parent Sessions are conducted in Spanish (by a child psychologist who volunteers his time to CFRP) and in English (by the Infant-Toddler Specialist and the experts she brings in as speakers). No English Parent Sessions were observed, however; as already noted, the position of Infant-Toddler Specialist was vacant for three months of the study.

The topic of the December Spanish-language Parent Session, Las Difficultades y Conflictos entre Padres y Hijos Son Inevitables y Normales (The Difficulties and Conflicts between Parent and Children Are Inevitable and Normal), is illustrative of the overall aim of the Parent Sessions. Their goal is to help parents to better understand their problems and frustrations and to deal with them more effectively. The child psychologist's message to parents at the December session can be summarized as follows:

> Don't be frightened. It would be abnormal to educate children under paradise conditions. There is no education without problems. There is no education without conflict. And the mission of educators and of the parents, as primary educators, does not consist of avoiding the problems or conflicts, but of resolving them.

The psychologist spoke about how children are aware of the relationship between their parents and are affected by it. He mentioned child abuse and stated, "los ninos no son listos para dolar" (children are not ready for pain). The audience listened intently. "A child is not an inanimate object--he has a soul, a spirit, and is intelligent. Don't punish the child without explaining why. Children understand. They are intelligent," he lectured. "Don't try to impose your personality on the child: you are you, she is she, and he is he. The child is like a caterpillar who eventually turns into a beautiful butterfly."

Some of the other topics covered by the Spanish psychologist were child abuse, how to explain conception to young children, and the importance of the psychological state of the parents at conception. The Parent Sessions follow a lecture format. There is opportunity for parents to react to the presentation, raise their own concerns, or to ask questions or request advice.

Parents' Attitudes toward Center Activities

Center sessions are generally received well by parents. How they are received depends, like so many things in this study, on the type of family involved (single teenage parent, single adult parent, two-parent family, etc.). Two-parent families like the Riveras, Oviedas, and Pearsons thirst for knowledge about parenting and child development so their comments about the sessions are always good. Mrs. Rivera, although it is difficult to gauge how much she understood because she speaks only Spanish, made favorable comments about the Infant-Toddler Sessions conducted in English. The two other Hispanic mothers in attendance voiced similar favorable comments, although one of them wanted more information on nine-year-olds even though the focus of the presentation was on children under three.

The manner in which Molly Rivera describes the effects of attending a CFRP Parent Session (in Spanish) sounds almost like a religious experience. She maintains that the quality of their family relationship improves immediately after a center activity. The Riveras leave a center session with a happy feeling. They come away optimistic about their lives and at peace with themselves. Although their material position has not improved, their spiritual position has. Molly claims that she and her husband are inspired by what they learn at CFRP. The program has given them a positive outlook on their lives, and the Riveras feel that things are going to improve. Molly also passes along to her friends much of the same advice and counsel that she receives from home visitor Hope and the child psychologist. Thus the effects of the program are ranging beyond just the families in it, and out into the community. Mrs. Ovieda also speaks in laudatory terms about the Parent Sessions and about how much she has learned from them. In addition, like other Hispanic mothers, she views them as the only way she can get out of the house with her husband's approval.

A questionnaire is distributed at the conclusion of each Spanish-language Parent Session to give parents an opportunity to provide feedback to the psychologist. Typical responses were: "I like your advice--it has helped me a lot"; "All [lectures] are of great importance to me"; and "Thanks for helping me to be a good mother to them and not their enemy." These responses show that lectures are valued and received with enthusiasm. The questionnaire also lets parents suggest other topics they want the psychologist to cover in future sessions, such as: At what age is it easiest to correct a child? At what age is it most difficult to understand boys?

While parents attend center sessions, their children are cared for in the EOB day care center. Not all parents are satisfied with this arrangement. Hispanic families in particular do not like the idea of leaving their children with day care staff who do not speak Spanish. As one mother observed, "This upsets the children and makes them cry." Consequently, Hispanic parents would rather tolerate their children's noisy behavior in center meetings than leave them with strangers in day care.

Both the Parent Sessions and the Infant-Toddler Sessions have a secondary focus as well. They provide parents with opportunities to interact with their peers and other parents of young children. For teenage mothers, it is one way to reduce feelings of isolation. It gives them an opportunity to be away from their children for a while. Some of the parents do not mingle with their peers because of a cliquish atmosphere that has developed among some of the teenage mothers in the group. Sue Smith is one teenage parent who attends but quietly goes her own way afterwards. Sue is a serious student and not one to join a clique. Parents had very little to say about this except to confirm the observation.

Participation in Center Activities

Staff experience difficulties getting families to come into the center to take part in activities. The January Infant-Toddler Session was attended by only 5 out of the 97 families that were invited to participate in this group. The sessions are held on alternate weeks, and all who care to attend are invited, but only a few families ever attend.

Of the four families in this study who were expected to show up, only the Riveras came. Hispanic families are among the most active in center activities. Staff attribute this to home visitor Hope's personality, style, and cultural background. Whether consciously or not, she has molded the families she serves into one large, active kinship system. Bonds have been developed between and among her families, and she is the glue that holds the network together. She has only to pass the word and her families will arrive at the center for whatever activities are planned.

Hispanic families tend to bring other members of the household to participate in center activities. Mrs. Rivera was accompanied by her father, who had recently come to live with the family, her husband, and her one-year-old daughter. It is not uncommon for families to invite their friends and neighbors to center activities as well. They are waiting in line to sign up for the program, but home visitor Hope cannot take on any more families than she already serves. Not all mothers bring their husbands to the center sessions. Mrs. Ovieda comes alone because her husband does not care to attend. She discusses what she has learned at the center with him upon her return and tries to apply it at home as one way of involving him.

Participation by Hispanic families hasn't always been so active. Before home visitor Hope came back on board in 1979, there was virtually no participation on their part. They simply did not feel as much a part of CFRP as they do now. They view participation as a two-way process. The Riveras described it as giving something of themselves back to CFRP by volunteering their services. CFRP is a friend to them, and they in turn are friends to the program. Mr. Rivera is a handy person, and he helps out with whatever needs to be done. He helps by setting up chairs and tables for the sessions, and makes the coffee for them as well. If Hope is tied up, he picks up parents who have no transportation. Furthermore, Mr. Rivera and his wife Molly have cooked Mexican dinners on special occasions.

Language doesn't appear to be a barrier to participation for Hispanic families even though all Infant-Toddler Sessions are conducted in English. It is a rare occasion when home visitor Hope has time to attend a session to translate and interpret for her non-English-speaking families. In the December Infant-Toddler Session, bilingual mothers served as translators for those who otherwise could not understand any of the topics that were addressed.

The three other mothers in the study failed to appear for the session. All three (Sue Smith, Louise Harris, and Salome Simpson) are teenage mothers. Opportunities for participation in center activities are restricted by work or school. Schedules usually conflict because center sessions are held during the day. Sue Smith's nonparticipation in any center sessions during the six-month study was due to school and work. Louise Harris, who is working, has similar problems. However, when their schedules permit, both mothers try to come. For Glenda Green, nonparticipation in center sessions is due to a lack of interest: she described the sessions as "uninteresting and dull."

The Riveras attend almost every center activity. Mrs. Ovieda attends as many activities as her husband will allow. Debby Plunket never attends because her mother is too ill to care for her baby and she refuses to leave him in day care. Doris Dorset attends the sessions fairly frequently because she lives nearby. Paula Pearson is training to be a Head Start teacher's aide in the same building as CFRP and she attends center activities if her training schedule permits.

It is really the teenage parents whose attendance is poor. The staff has attempted to increase their participation level by calling and reminding them of activities. They send them announcements of activities and the staff always offer their families transportation to activities, but usually all of these attempts are made to no avail. The only group that attends center activities regularly and in fairly large numbers is the Hispanic families.

The number of families who come to the center depends to some extent on the type of event planned. The December Parent Session was attended by 25 people, although many of them were relatives, friends or neighbors of CFRP families. Sixteen CFRP families were there. This was partly because the Parent Session was followed by CFRP's Christmas party.

Other Activities

From time to time, other events are planned for CFRP families at the center. Dinners or parties are held in celebration of holidays--Thanksgiving, Christmas, and Easter. The ceramics class was popular with the families, but the kiln was damaged and never repaired while this study was being conducted so an observation was not possible. There have been painting classes, but none during the course of this study.

The Hispanic families have other opportunities to get together. Aside from regular center activities, home visitor Hope schedules weekend activities such as baseball games and picnics. She does this on her own time because the weekend is the only time she can bring all of the 16 individual family units together. This is not possible during the week because many of the fathers work. Hope is utilizing her knowledge of Hispanic culture to promote the goals of CFRP. Weekend get-togethers are very much a part of Hispanic family cultures. This started as a rural tradition and was carried to the urban area with the migration of families to the city. These activities allow families a social outlet. It is a time to come together, relax and discuss the events of the past week, and to release the week's accumulated tension in physical activities like baseball, horseshoe throwing, and so forth. It is also a way of strengthening kinship bonds. The weekend activities have all of these effects for the Hispanic families in CFRP. These activities help develop a social network and bonds among nonrelated families. They also help develop a closer relationship between Hope and her families, allowing her to perform her job as home visitor more effectively. During these weekend activites she discovers in a casual nonthreatening way the needs and problems of her families. It is also a way for her to notify them about future CFRP activities and urge them to attend.

4.5 Social Services and Family Advocacy

Social services and family advocacy are inextricably tied to CFRP in Las Vegas. The services provided are determined through the needs assessment process and the subsequent reassessments every six months. In the interim the home visitor elicits information concerning family needs during casual conversation while visiting the home, talking on the telephone, or at center activities. Home visitor Hope obtains much information on family needs during the weekend outings she arranges on her own time for her families. Sometimes a parent will call or simply ask her home visitor directly for assistance with a problem, while at other times it is the home visitor's subtle probing that uncovers an important family need.

It is apparent from the section on needs assessment that much of the home visitor's time and energy is spent helping a family obtain the needed social services. CFRP is based on the premise that if a family's needs are satisfied, then proper parenting and the development of strong healthy children can take precedence. "It is difficult to tell parents that your child should be at this or that stage of development when they are worried about having enough money to pay the rent and buy food," states one home visitor.

4.5.1 Provision of Social Services

During the course of this study a wide range of agencies were contacted. The home visitor either referred a family, or she contacted an agency for an appointment and transported the family herself. The home visitor allowed a great deal of parent dependency at first, but at the same time she constantly encouraged parent independence and responsibility in arranging and keeping appointments. It seemed from observation that initially the home visitor would take the initiative in arranging for social services for a newly enrolled family. As time went on, the parent took her home visitor's encouragement and became increasingly independent of the program, making her own appointments and finding her own transportation. The home visitor was contacted for help only as a last resort. This was the case for the Ovieda, Rivera, Pearson, and Smith families; to some extent it was also true for Salome Simpson and Doris Dorset.

If, over time, a parent remained overly dependent and/or became demanding, home visitors were observed to "draw the line," as one put it, and tell the parent in no uncertain terms that she would have to take care of some needs on her own. A day after a home visit was made to Louise Harris and her son Damien, she was arrested for purse-snatching. She called her home visitor in an attempt to raise bail monies. Gladys (the home visitor) felt that this request was beyond the boundaries of CFRP services and therefore was unable to help her with this particular problem. (Louise needed $200 for bail.)

Although Lola, Glenda's home visitor, also encourages independent behavior, Glenda has remained somewhat dependent. She forces Lola to act on her behalf by not taking the initiative to call and schedule her own dental, medical, and job interview appointments. During the initial home visit I observed with Glenda, among the first words she spoke to Lola were, "Did you make a dental appointment for me? My teeth hurt." Lola knows Glenda is quite capable of doing for herself, since she obtained birth control pills on her own. For the most part, though, Glenda will depend on her home visitor to schedule all her appointments and, because Glenda is without a car, provide transportation to them as well. Glenda feels that Lola should provide these services, since that is her job. Lola has told her that the purpose of the program was to make families more self-directed and independent, but to no avail. In the end, Lola relents and provides Glenda all the services she requests. Aside from job information, most of the services Lola provides to this teenage mother are direct services such as transportation and scheduling her appointments.

The referral process, for the most part, is smooth. Only in the case of the Hispanic families were some difficulties encountered, and this was because there were no bilingual personnel at some of the community agencies. Where there were bilingual workers, home visitor Hope referred Hispanic families to that agency. "When I know there is a bilingual person in a given agency, that poor person, I'll just send everybody to that individual," says Hope. At agencies with non-Spanish-speaking workers, Hope's services as an interpreter were called upon, but even then problems arose due to the difficulty of translating, for example, legal jargon from English to Spanish and vice versa. In such cases Hope sought the assistance of an "expert" interpreter, if one was available. If not, she advocated that the agency hire bilingual personnel to serve their Spanish-speaking clientele.

Some agency personnel in this city have been known to treat Hispanics and blacks rather poorly. Home visitors are aware of this and are on the look-out for such behavior so that it can be reported. All home visitors follow up after a referral is made to make certain that CFRP families are properly served.

In order to make the parent aware of the resources available in the community, the home visitor uses the Voluntary Service Directory, a booklet published by the Voluntary Action Group. The directory lists the names and addresses of all agencies in the city and describes the services they provide.

Most of the services needed by the families in this study were related to economic or medical needs. To meet economic needs the following agencies were contacted either directly or through referral:

- Nevada Catholic Welfare;
- St. Peter's Church;
- Salvation Army Social Services;
- County Social Services;
- Welfare (ADC and Food Stamps);
- State Employment;
- Energy Assistance Program;
- CETA-Job Training;
- Social Security Administration;
- NALA Job Referral Service (Hispanic Agency);
- SER (Hispanic Agency); and
- Club Social Mexicana (provided emergency food for Hispanic CFRP families).

To meet medical or family planning needs, the home visitors, either directly or by referral, put their families in contact with the following agencies:

- EOB Family Planning Clinic;
- Operation Life's WIC Program;
- Medicare;
- American Cancer Society;
- Crippled Children's Clinic;
- Children's Dental Clinic;
- most local hospitals;
- District Health Clinic; and
- Head Start's First Annual Health Fair.

All home visitor contacts with their families are recorded on CFRP's Additional Family Contact Form, and filed. On this form the home visitor records the focus and goals of the visit and comments on her impression of the visit. In addition, a description of the parental need and/or problem and the agency contacted is recorded.

As already indicated, some home visitors have acted as advocates for their families. Home visitor Hope assisted Mr. Rivera in obtaining legal aid regarding a claim he wished to make for an injury he sustained on the job. Since Mr. Rivera does not speak English well, Hope acted as interpreter. In the process she ended up pleading his case, along with the lawyer from Legal Aid, to the state's workmen's compensation agency. Apparently her advocacy was helpful, since Mr. Rivera was declared partially disabled and was awarded a sum of money.

For Mrs. Ovieda and her son Tomas, Hope also took the advocate's role. Tomas' teacher wanted to demote him because of his inability to speak English well. Mrs. Ovieda did not want her son to return to kindergarten. Hope took the matter in hand and went directly to the school principal. She pleaded with him to allow Tomas to remain in the first grade on probation: if he did not improve, then he could be demoted. Again, Hope's advocacy helped; her compromise plan was accepted and Tomas was allowed to remain in the first grade. Hope was forced into the advocacy role another time to plead with the Housing Authority to reduce the rent of Mrs. Plunket, who because of her illness was having a difficult time making ends meet. Again her advocacy proved successful and Mrs. Plunket's rent was lowered.

Another home visitor, Mary Mason, pleaded Doris Dorset's case to keep her children to the State Welfare Office (see Appendix). She was able to keep the children long enough to send them to relatives in another state. On a grander scale, home visitors have fought the area's utlility companies to keep their rates down for the community in general, and for CFRP families in particular. They have encouraged the families to fight rate increases as well (see Appendix). Most other types of advocacy concern nonreceipt of ADC checks or food stamps. The only instance where a service was observed to be refused was in the case of a mother who had been arrested on a misdemeanor charge and had requested help obtaining bail money from her home visitor.

4.5.2 Social Services and Family Advocacy vs. Parenting and Child Development

The nine families in this sample lend support to the program's premise (i.e., if a family's needs are satisfied, then parenting and child development can take precedence). Observation showed that the fewer material and emotional problems a family had to contend with, the more the home visitors could work on the issues of parenting and child development. Conversely, with a multi-problem/crisis-oriented family the home visitor was forced to spend most of her time and energy providing social services and advocating.

The two extremes are represented in this study by two teenage mothers, Sue Smith and Debby Plunket. Sue's family satisfied her emotional and material needs, and therefore her life appeared to be relatively problem-free, despite teenage motherhood. Because Sue had a strong support system in her extended family, her home visitor was free to spend most of her time, when visiting or at center activities, working with Sue's baby on developmental tasks, or advising Sue on parenting techniques. Debby Plunket's life, on the other hand, was fraught with problems and crises that were never resolved, (e.g., problems with the father of her child, her mother's illness, her brother's hostility, money problems, role problems). Debby's situation left her home visitor no alternative but to focus attention on the family's needs and problems, and only superficially on parenting and child development.

The other families in the sample fall along a continuum from relatively crisis-free to crisis-laden. These families have the needs and problems that almost all lower-class families have. The families between the two extremes turn to CFRP for direction. If the home visitor is unable to provide a resolution to a parent's problem, she refers her to an agency or individual who can. The parent is encouraged to act independently, and in time, most do.

At times it seemed that social service and family advocacy was dominating the program at the expense of parenting and child development issues. In retrospect this was not a true picture. With only one family in this study did this actually happen (the Plunkets). The grandmother's terminal illness did consume this family's attention and the home visitor's time and energy, but this family's plight was atypical. In reviewing my field notes and CFRP's family files, it becomes increasingly clear that, in general, an attempt has been made to maintain a balance between the program's efforts in educating the families in the areas of parenting and child development and the provision of social servcies and advocacy.

Taking three families from this study (Green, Dorset, and Pearson), we can see that most home visits involved parental needs and problems, but there are also a significant number of home visits that dealt exclusively with child development. Of 34 visits to Glenda Green, 13 dealt purely with child development; similarly, 17 of 46 visits to Doris Dorset and 18 of 34 visits to Paula Pearson were child-focused. Social services and family advocacy have an edge, but a serious effort has been made to continue working with families on parenting and child development, as well as their many needs and problems.

4.6 Family Profiles

Because the Las Vegas CFRP is in a sense two programs in one, two composite profiles have been constructed to represent families' experiences in CFRP.

4.6.1 A Profile of an Unmarried Black Teenage Mother

Beverly Willis was a 17-year-old single black woman with a 6-month-old son when recruited for CFRP in October of 1978. When this study began in October of 1980, she had been enrolled in CFRP for two years. Her participation in the center activities has fluctuated from high when she first enrolled to low today because she is working.

When she started the program she was living at home with her mother, younger sister (11), and an older brother (18). She was very unhappy at home even before she became pregnant because of the constant arguing and fighting with her siblings. After she got pregnant, had her baby, and dropped out of school, the situation worsened. Her mother, who herself had been an unwed parent at age 17, was hard on Beverly, making her feel guilty about her predicament. Beverly, more than anything else, wanted to move out into her own apartment to escape her mother's incessant nagging.

An initial interview was conducted at the CFRP office with Beverly about a week after she entered the program. Three CFRP staff were present: her home visitor, Rita Martin, the Home Visitor Supervisor, Mavis Roget, and the Infant-Toddler Specialist, Sparky Phillips. The purpose of the interview was explained to Beverly. She was told that they wanted to find out her needs and to "see what she had going for her"; then they would set up a program for her that would satisfy her immediate needs. They told her that long-range goals were also important and they wanted to know them also. She was asked if she had any problems in four main areas: material, health, educational, and social.

Several problems were uncovered: Beverly wanted her own place because she was not getting along with her mother and siblings. She also needed a job, so she could get out on her own and into a better neighborhood. Both Beverly and her baby needed physical and dental exams (she had not had any for a long time); and Beverly also thought she might need glasses since she had numerous headaches. Finally, Beverly said she wanted to get her high school diploma and she would like to get job training as a secretary.

The next thing they did was to prioritize her needs. Rita asked her, "What would be your first priority?" Beverly was not sure what the word "priority" meant. Mavis, the supervisor, defined it in simple terms. "If you could take care of any of the problems you mentioned, which would you take care of first? Which would you take care of second? And on down the line," Mavis explained. "Oh, I'd like to split from my mother's house and get my own pad so I wouldn't have to put up with her bad-mouthing me all the time." Rita listed that as her first priority.

Beverly said that she would like to find a job as her second priority. Rita suggested that she sign up for ADC, food stamps, and WIC first. Beverly agreed, so those things were listed next as short-term goals. "I guess little Anthony and me ought to be checked out next," Beverly said. Rita listed physicals for her and the baby next and an eye exam for Beverly. Beverly said studying for the GED and getting job training would be the next thing she would want to take care of. "I guess a long-range goal would be to move out of this 'war zone'," Beverly concluded. Rita listed it as a long-range goal on the form. Rita read the completed form to Beverly and she signed it.

She was also read an agreement to participate in CFRP. The agreement stated that, among other things, she would participate in CFRP by allowing home visits for the purpose of conducting developmental activities with her and her son Anthony and to discuss her problems and needs. She also agreed to participate in CFRP center activities like the parent workshops, parties, and lecture classes. CFRP would, in turn, work with her to provide training to meet her needs, provide information and training in health, nutrition, early childhood development, social services, parent involvement, and mental health. Beverly signed the needs assessment and the CFRP agreement. This was the beginning of a positive turn in Beverly's life. With the help of her CFRP home visitor, she would be able to tackle the problems she faced as a single black mother with a small child.

The machinery was put into motion almost immediately as Rita called the various agencies to schedule appointments for Beverly. She spoke to Beverly's mother to gauge her feelings about her daughter's moving out. At first she hesitated, but later agreed because "it might be good for her to be on her own." At that, Rita called the Housing Authority to inquire about vacancies and the application to be filed. She found that there would be about a month and a half wait. Rita thought the delay would be good because it would allow her enough time to obtain assistance, like ADC, food stamps, and WIC, that would allow Beverly to live on her own with her baby.

During the following weeks Rita drove Beverly, since she had no transportation, to the agencies and helped her to fill out the numerous applications and forms. After a wait of several days each agency informed Beverly that she had qualified. Now she had only to wait for a vacancy for one of the Housing Authority's apartments before she could set out on this great adventure with her child. In the meantime she attended CFRP workshops and was learning a tremendous amount about child-rearing and child development. Being so young when she had her baby, she really knew almost nothing about raising a child of her own, so that the education she was receiving was very beneficial and important.

She attended the center activities every other week. On alternate weeks Rita, her home visitor, would come by her mother's house to work with her and little Anthony on a specific developmental task. This was done to make certain the child was healthy and developing normally. The home visitor wrote out a lesson plan that was designed to test the child's skills in such areas as socialization, cognition, motor skills, language, or self-help. Beverly was to do the activity with her son. After the activity with Anthony was concluded, Beverly sat and discussed any problems she might be having. If her mother and/or siblings were there, they were allowed to join in.

Beverly began receiving her ADC, food stamps, and WIC benefits. And finally, after 2 1/2 rather than 1 1/2 months, an apartment became available. With Rita's help she moved in. Anthony was nearly nine months old and developing rapidly. After living alone for several weeks, Beverly began discovering that living alone with a child was not as easy as she had thought. She was feeling isolated and lonely. What is more, she was beginning to have difficulty accepting her role as a teenage mother. "I need to get out and boogie!" she told Rita. "This life's become a real drag!" Her only outlet was the CFRP activities, and it seemed the only person she could depend upon was her home visitor, Rita. Her mother did not seem to care what happened to her. Rita became like a big sister or mother figure for her. Beverly began to depend more and more on her and to call her for the slightest reason. Her dependence was becoming burdensome to Rita.

Rita knew she had to find Beverly a job, get her back in school or studying for a GED, and obtain job training for her. Six months had passed and it was time for a reassessment. All the other short-term goals listed on the initial needs assessment had been accomplished except those just mentioned. Those goals were given top priority on the six-month reassessment.

Rita set to work to help Beverly accomplish these goals, which were probably the most important to Beverly's mental health. Anthony was a healthy precocious one-year-old who was almost toilet trained and beginning to walk. He could be placed in day care if Beverly got a job, or possibly her mother would care for the child.

A federally funded job training program in the city had just graduated a class and was gearing up for a new group of people to be trained in such areas as market cashiering, upholstering, auto mechanics, and secretarial skills. Rita took Beverly to the agency's office and she helped her fill out the application for the program. Beverly was accepted after a week and started training as a secretary. At the same time she began studying for her GED. It was a three-month program after which, if she completed it successfully, an attempt would be made to place her.

Rita helped arrange for day care for Anthony while his mother was training, and Beverly's brother agreed to drive Anthony to day care and Beverly to the training facility. Since day care was housed in the same building as CFRP, Rita would be able to work on tasks with Anthony during the day to monitor his development.

This worked out well and in three months' time Beverly successfully completed her secretarial training and, in addition, was able to pass the test to obtain her GED. She was not placed immediately in a full-time position, but was able to pick up a few part-time jobs to gain experience. She asked Rita to help her find a full-time job. Rita told her she would. As luck would have it, a clerk/receptionist position came open at EOB. Rita told Beverly to apply. She and several other applicants were interviewed and she was chosen to fill the position.

A year has gone by and most of the goals on the initial needs assessment have been met, except moving to a new neighborhood, but Rita and Beverly are still working on that. What seemed an impossible goal a year ago now seems within reach. Anthony is well and healthy. He seems to enjoy doing the developmental tasks with Rita, and his mother Beverly greets him with a tremendous amount of love and warmth at the end of the work day. She is saving her money for a used car to give her more independence. Although there are still problems, now that she has her GED, is working steadily, and is secure in the knowledge that her son Anthony is being well cared for, she knows they will make it. She gives much of the credit for her positive view of the future to CFRP: "If they don't do another thing for me they will have done enough; at least now I know I can make it on my own!"

4.6.2 A Profile of a Hispanic Nuclear Family

At the time of this study, the Chavez family had been in the program four years. Kati Chavez is 29 and her husband Genaro is 32. They have two children--Alicia, age one, and an older daughter Melba, six. They live on the Westside in a low-income housing project. Kati speaks only Spanish, while Genaro speaks Spanish and a little English. They each have ten years of education.

Although they have been in CFRP for four years, they only began participating actively during the last year. This increase in participation can be attributed to their new home visitor Angela Gonzales. She is bilingual and is also Hispanic.

When the Chavez family first enrolled in CFRP they had many problems, but according to their present home visitor Angela, it is difficult to determine if they were real or imagined, or whether they were just "game playing." The family established a pattern over the months of running out of food and money and then requesting help from their home visitor. Every six months when their needs were reassessed, the same short-term goals were mentioned. They seemed to make no progress. Mr. Chavez still needed a job, they still needed assistance paying their bills, and they still needed food. Their food stamp allotment was always used before they were eligible for a new supply.

The one bright spot in their latest needs reassessment was that their daughters' needs were being met. Angela had made sure of this by reminding Mrs. Chavez when the children's physical and dental examinations were due. And she would check to see if their immunizations were up to date. Alicia, the one-year-old, was thought by her mother to have a congenital heart problem. Angela arranged a doctor's appointment to determine whether, in fact, she did. The doctor examined Alicia and found nothing seriously wrong with her; apparently the doctor who examined the child in the city where they previously lived had either made an incorrect diagnosis, or the child's condition had disappeared. Whatever the case, Mr. and Mrs. Chavez were happy to find out that their daughter was well.

Genaro's employment record was very unstable. He had a difficult time holding a job; he kept getting laid off or fired. Mrs. Chavez wanted to contribute to the family's meager income, so Angela assisted her in finding jobs. Every time there was an opening, Angela would inform Kati Chavez and she would apply. Several times she was successful in obtaining employment (she was a cook), but her husband, being jealous in the extreme, would force her to quit because he did not want her working around other men. Needless to say, this was frustrating to Angela, who exerted much energy and sacrified valuable time to help Kati find work. As a result of Genaro's jealousy, he was not only out of work much of the time, but so was Kati. Angela assisted them in obtaining food stamps and whatever other aid they could qualify for, like the Energy Assistance Program (to help pay utility bills). During the holidays, if they were not working, they received, with Angela's help, a CFRP food basket and Salvation Army Christmas assistance.

On one of his short-lived jobs, Genaro had been hurt, and he tried to obtain compensation from the employer. His request was denied. Genaro wanted to contest the decision and asked Angela's help in obtaining legal counsel. Angela took Genaro to Legal Aid for help, but, because of a communication gap, it was not forthcoming. There were no bilingual people working for the agency. Angela tried to translate for Genaro but she could not translate the legal jargon from English to Spanish.

Genaro, possibly because of his frustration about not being able to hold a job, turned to drink and began seeing other women while his wife Kati was home with the children. One night he came home drunk and belligerent, and when Kati inquired as to his whereabouts he beat her rather severely in front of the children. The Chavez's older daughter Melba has never been the same. She retreated into her own little world. She had been a good student but now she does not want to go to school any more. She refused to associate with English-speaking children and she regressed in behavior, acting much younger than her actual age.

Genaro was filled with guilt and remorse over his daughter's condition. He believed the beating of his wife triggered Melba's regression. This unfortunate event and CFRP were the catalyst in Genaro's metamorphosis. He changed dramatically from a wife-beater to a model husband and father. His drinking and carousing ceased, and he began spending more time with his family. He began accompanying his wife and younger daughter to the parent sessions at CFRP. It must be mentioned, though, that initially he went along not out of interest, but rather out of jealousy. In this he did not change--Genaro was as jealous as ever. He made certain no one made a pass at Kati, by being with her. But, although his reason for attending the center activities was selfish, the result of his attendance has been overwhelmingly positive.

Genaro has attended most of the lectures presented by professor Sandoval, the child psychologist. Both his and Kati's interest in child development and parenting has increased greatly. Genaro learned, among other things, that his relationship with his wife does have a definite effect on the mental health of his young daughters. As a result, he has become more gentle and loving toward his wife, especially in front of the children. He has also taken a greater share in the responsibility of raising Alicia and Melba, rather than leaving it all up to his wife. CFRP has become like extended family to them, and their attendance at center activities gives them such a spiritual lift that, to hear them describe it, one would think they were describing a religious experience.

Their older daughter Melba began to improve gradually and Alicia was developing normally. She was always present at the center activities because her parents would not leave her in day care with non-Spanish-speaking strangers. Several other Hispanic families felt similarly and also kept their young children with them during the parent sessions, so that there were always kids running and playing in the conference room.

The ceramics class was another favorite of the Chavezes and other Hispanic families. Genaro and Kati were already a talented pair; they cooked, she sewed, he carved wooden objects and worked with leather. Ceramics came easily to them and they made several nice pieces which they proudly showed to everyone. When the kiln was mistakenly left on one weekend, it was badly damaged and the ceramics class had to be closed for repairs. The kiln was not repaired for several months, much to the disappointment of the Chavezes and the other families.

Since both Genaro and Kati attended most center activities, they always volunteered their help in setting up tables, chairs, and making coffee. When their home visitor Angela was busy with another family, Genaro picked up parents and transported them to CFRP for her. They also volunteered their services as cooks for CFRP parties and special dinners.

Like other Hispanic parents, Kati and Genaro have a real desire to learn about child development and parenting, since there are cultural differences between the child-rearing practices of Anglos and Hispanics. For example, physical punishment is a method of disciplining children in Latin American countries, but it is frowned upon here. Most of the practices used when these CFRP Hispanic parents were growing up in their homelands are not approved here. Kati and Genaro know this and want to learn the "correct" and "proper" way to raise children in this society.

Genaro and Kati are so intent about becoming good parents and learning about child development that they have checked out books in Spanish on the subject at the local library, and bought some with their own money. Now when they attend the parent sessions they no longer sit passively listening to the presentations, but become actively involved by asking questions and interjecting what they have learned from the literature. The Chavezes are passing on to other Hispanic families, their friends, and extended family not enrolled in CFRP, information learned from the program about child development, parenting, and marital relationships.

As time passed the Chavezes' dependence on Angela, their home visitor, became less and less. Their pattern of requesting the same assistance periodically broke down. Genaro was able to secure employment in maintenance; he works at night, and seems relatively happy. This night job has allowed him to continue attending Parent Sessions with his wife every other week. It also gave him the opportunity to observe Angela work with his wife and daughter Alicia on developmental tasks during the home visits on alternate weeks. He is so interested in the development of his daughters that instead of letting his wife work with the child, he does, and has a good

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time doing it. Angela stated the other day, "The Chavezes have come a long way. They used to be so dependent; now they arrange things themselves and don't depend on me, yet they still attend the Parent Sessions because they are interested. I'm really proud of them."

CHAPTER FIVE

AN ACE IN THE HOLE

The Child and Family Resource Program in Spencer-Oklahoma City

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5.0 AN ACE IN THE HOLE: THE CHILD AND FAMILY RESOURCE PROGRAM IN SPENCER-OKLAHOMA CITY

The Spencer CFRP Center, set up to serve its own community and the "metro" area of Oklahoma City, is located about 10 miles beyond the eastern perimeter of the urban area, in a hilly, peaceful rural setting. The road from the city passes east through Forest Park, a suburban section of middle- and upper-middle-class ranch-style brick homes (some displaying American flags) and a golf course, to the small town of Spencer, with its drive-in restaurants, schools, churches, shopping centers, donut shop, and modest homes. Several miles east of the town is the rural community, primarily black (as are all CFRP staff included in the ethnographic study), in which the attractive Mary Mahoney Clinic and the CFRP-City-County Head Start Center are located.

This is the community served most directly by CFRP, although its families are scattered to the north and east in Arcadia, Luther, and Jones, as well as throughout the urban area to the west. An Oklahoma City bus (or minibus) occasionally runs to the community, but access to transportation by car is essential for most families here, although many cannot afford their own cars. Within this area most residences appear relatively poor, but the majority of small frame or brick houses and churches are fairly neat and kept up as well as possible, in contrast to the local housing project run by the Oklahoma City Housing Authority. This contains a majority of vacant units; several of the back ones were damaged by fire and are still awaiting remodeling. A number of CFRP families, some of whom have been in the program for several years, live in "the projects," one to two miles east of the CFRP Center; others live in surrounding houses.

After passing from Spencer through the countryside, with its small farms and occasional roadside store or night club, as well as Baptist and Mennonite churches (both of which serve black members), the road reaches the spacious Minnis Lakeview Park at the crest of a hill, with landscaped grounds, modern buildings, and swimming pool. Here CFRP's school linkage parents can participate in recreational sessions, from ceramics and woodworking to exercise classes. Across the road, just before the Mary Mahoney Clinic, one turns toward the CFRP Center at a landmark--a small, brick pool hall, boarded up during the day but active at night. Smoked sausages can be obtained here on request, and are, by some CFRP staff.

This is Dunjee Road, and a short distance from the pool hall is the center, in Old Dunjee School; across this road, the modern buildings of the local community school, attended by children of CFRP families here, appear more inviting. The program itself is housed precariously in the old building of Oklahoma-style brick and stone, whose windows have been boarded up for protection, giving the impression that it has been abandoned. (This building was leased to the CAP agency several years ago by the school board; however, the board just announced at the end of April that the building may be sold after July 1981, so CFRP is seeking a new site.) Although several parked cars in back, visible from the road, indicate activity inside, the visitor has a feeling of stepping back in time to an empty country school.

In front, behind the boarded windows, are the offices of the CAP community workers; in back are the Senior Citizens' Center, directed by the mother of one of the CFRP family advocates, and the section containing CFRP and Head Start. On finding the dirt driveway leading past the front of the building to this section, one enters the gate and parks near a locked side entrance (once the school's bandroom), adjacent to a fenced, grassy play area for Head Start children, equipped with swings and climbing structures made of logs. The entrance to CFRP is hidden from immediate view but is just to the left of the bandroom, up a cement ramp which often becomes icy in winter--a short walk from the back door of the Community Center. CFRP's van, which was not used for lack of a driver from October 1980 to January 1981, is now parked here while not out on runs, and was joined in the last few months by several trucks bringing repairmen to the center. These find places next to the cars of staff and some families coming to Head Start classes.

Notices of community center activities such as CPR (cardio-pulmonary resuscitation) classes and bean dinners are posted on the outside door, and bulletin boards with Head Start schedules attract the eye in the hallway of the school. Also posted are brightly colored nutrition and health reminders for children, as well as newspaper clippings of interest to parents--on such topics as premarital pregnancy, women's health, and recent changes in federal funding policies for social programs. CFRP's family advocates now have their desks in the front office, formerly the reception room, diagonally across from the bandroom. The latter has been under planned conversion for several months into a parent room, with plans for a kitchen area in which to hold CFRP's nutrition classes, and a staff bathroom. Next to this, and across from the family advocates' office, is the current office of their supervisor, Sandra Shaw, her desk strategically placed to avoid leaks in the roof (a part of which finally collapsed during a heavy rain in March 1981). This was the office of two family advocates until March, when staff were moved.

Beyond Sandra's freshly painted office (done with the help of her sons), decorated with pictures of her family and some items she has made for use with CFRP children on home visits, are several cubicles now occupied by Joanne Bradley, School Linkage Coordinator; the TIPS (Toddler-Infant-Parent Sessions) Coordinator and P-3 (prenatal through age three) Specialist, Verna Kendall; and the TIPS toy closet. The CFRP secretary, Joy Raymond, has her own spacious office at the end of the cubicles. Across the hall, in a quiet office set behind an outer door, is the CFRP director, Jan Lawton, separated from the family advocates by the former TIPS closet, now a comfortable staff lounge with couch.

The general atmosphere of the center is warm, comfortable, and casual, with parents, children, and staff moving freely from one area to another. Down the hall, past the central bathrooms and large kitchen, is the City-County Head Start Center, one of ten now in the metro area; there is a director's office and several spacious classrooms with bright decorations, blackboards, toys, books, and child-size tables and chairs. The P-3 rooms, including a carpeted classroom similarly equipped, and a carpeted infant room complete with observation window, cribs, sink, floor cushions, and rocking chairs, are in this area; they have also been plagued by leaks in the building's roof, for which the sand and water table was pressed into service. The back entrance to the building leads out to the play area and Senior Citizens' Center. Thus, these sections of the CAP program in Spencer are physically integrated, although their future location is now uncertain.

5.1 An Introduction to CFRP in Spencer-Oklahoma City

A clue to the local purpose of the Spencer-Oklahoma City CFRP, directly related both to its position in the Community Action Agency and to its director's personal priorities, can be found in the posters adorning her office walls, which proclaim pride in, and goals for, blacks and women. This local orientation has been combined with national goals of service to children of all low-income families in need of guidance in child development, and of support in obtaining services from community agencies. These purposes interact in various ways when individual families are served. While the net of service is wide--most eligible families who want to enroll in CFRP are accepted, within limitations of number of staff--the majority of parents in the program are single black women, and their experiences and needs give the program its particular character. The comment of one such welfare mother in this study, who expressed her gratitude for CFRP's help by saying, "It's my ace in the hole," reveals the role the program plays in parents' lives.

Underlying the local orientation of the program is CFRP's position as a member of the CAP "family," reinforcing emphasis on self-help and community action goals for the poor, in particular for blacks, the most dominant minority locally in federally funded programs. In the Oklahoma City area, CAP itself must compete with other agencies, and has attempted to carve out its own niche--as indicated by the fact that its social service network contains several agencies serving primarily blacks (such as Mary Mahoney Clinic), and/or which receive federal funds. This directly affects the network of agencies to which CFRP refers families--for example, medical referrals are supposed to be made first to Mary Mahoney Clinic; if needed services cannot be provided there, families may then be referred to clinics and specialists at Children's Memorial Hospital in Oklahoma City, run by the State Department of Human Services.

An event of both symbolic and practical value, illustrating the environment in which CAP operates, was the movement in March of the CAP offices from downtown Oklahoma City to a more prestigious location in a newer building north of the State Capitol, not far from the offices of the State Department of Mental Health. It is possible that this may facilitate CAP's linkage to state agencies by increasing physical and social proximity to them. In view of the anticipated cuts in federal funding for all CAP community centers, and the Mary Mahoney Clinic in Spencer, this is significant.

The community action orientation, and CAP's position relative to other agencies, affect CFRP in other ways also, including recruitment and retention of both staff and families, and emphasis in program activities. Enhancement of the self-image and coping skills of parents through group discussions for both TIPS and school linkage parents, and recreation sessions for the latter, are goals to which both staff and parents refer. These activities are the basic center activities, supplemented by parent-child sessions. Home visitors divide their time between child development activities and discussion of problems related to basic needs and parental roles and goals. The idea and policy that parents themselves should play an important role in determining the content of center activities is also related to the local orientation of community action through self-help, and carries over into home visits; it also affects the frequency of both sessions and visits.

While CFRP works with its "sister" program, Head Start, to enroll children in Head Start centers throughout the metro area, and to share information and records of families with children in both programs, some problems in coordination seem to stem from their relationship to CAP. When the ethnographic study began, this relationship was viewed by several CFRP staff as somewhat competitive. For example, according to the family advocate supervisor, recruitment of families for CFRP was affected by a "local CAP rule" that if a child had a relative employed in any capacity by Head Start, that child could not enroll in Head Start, even though mothers had to volunteer in Head Start classes. At least one CFRP family dropped out of the program because an older child had a relative employed (as a cook) by Head Start and could not enroll. Lack of priority given to CFRP children in recruitment for Head Start, and the practice of having each Head Start Center set its own entrance age separately, have also caused problems. (This same variety, however, could make it possible for a child ineligible at one center to enter another.)

From the viewpoint of the CFRP Director and the Family Advocate Supervisor, these difficulties were apparently influenced by priorities of CFRP's former CAP supervisor, although the situation may be changing under the new CAP Supervisor and new CAP Director--an opinion voiced by several CFRP staff. The absence of the CFRP Director from the beginning of November 1980 to January 1981, and CAP's temporary assignment of the Oklahoma City Head Start Director to act in her place (even through no interim director was appointed) contributed to the situation described above. Since the return of the CFRP Director, recent signs have appeared of movement toward a closer relationship between CFRP and Head Start. The joint Policy Council of parents, in which several current and former CFRP mothers have become increasingly active and vocal, passed a resolution in early April to ensure the admission of CFRP children into Head Start. This is an action for which the CFRP Director and Family Advocate Supervisor had been working for some time, and which they interpret optimistically. Just before the resolution was passed, the fact that there was no way of clearly identifying from records available to Policy Council members which children are enrolled in CFRP was discussed at a Policy Council meeting, and placed under review. Also, during meetings with CFRP staff, their Director recently suggested the possibility of resuming joint home visits with Head Start workers, and coordinating child development evaluation tests between the programs.

Several examples illustrate other ways in which CAP's priorities and the presence or absence of the CFRP Director have directly affected the program. Some administrative problems for CFRP are tied to CAP's financial difficulties: for example, for over five months during this study, CFRP did not get a fiscal report from CAP. Also, delays in appropriation by CAP of funds for construction of kitchen and crafts facilities for the parent room at the Spencer Center, as well as repair of the roof, have made completion of these projects questionable, in view of the school board's plans to sell the building (which is leased to CAP).

During the fall, while the CFRP Director was on leave, the program was without a bus driver. Although a full-time driver had been requested and promised, both the center's van and its part-time driver were transferred to CAP for its use for several months. After the CFRP Director's return and following changes in CAP policies, a full-time driver was hired and began transporting families to and from center programs in the van. Also, during the Director's absence, the Family Advocate Supervisor's request to CAP for a CFRP health coordinator was denied, and periodic health screenings at the center by a licensed practical nurse (herself a CFRP parent) under temporary contract were ended. These were consolidated with screenings for all Head Start children by CAP's registered nurse, which were held downtown in a continuous series from January to February, and pre-empted other CFRP activities, such as home visits.

Other indications of the local organizational climate are the virtual discontinuance during this period of the metro (Oklahoma City) TIPS program, due both to the fact that city parents did not meet to plan activities, and to delays in obtaining repairs on a room in an inner-city Head Start building. The latter was needed after the room TIPS had used in a downtown high school was reclaimed by Head Start. In addition, during the absence of CFRP's director, some family advocates had problems in obtaining needed supplies for home visit activities from CAP--such as peanut butter for nutrition demonstrations. This has also been alleviated somewhat since the return of the CFRP Director.

5.1.1 CFRP's Structure and Functioning

The Spencer-Oklahoma City CFRP includes the following staff: the Director; the Family Advocate Supervisor, promoted in October from her position as a family advocate; the P-3 Specialist (TIPS Coordinator); the School Linkage Coordinator; six family advocates, the last of whom was hired after the ethnographic study; the program secretary; and the bus driver, hired in January. On the whole, this CFRP functions through the efforts of these staff, who have taken on multiple roles when needed; family advocates have functioned as social service workers and transporters, as well as home visitors.

Occasional assistance is given by specialists to whom family advocates, their supervisor, other CFRP staff, and the Director may refer parents and children. For example, a part-time contract is issued by CAP to a psychologist for consultations in child development, although these occur very infrequently. Parents who need counseling can also be referred to him; however, during a discussion at a staff meeting, the CFRP Director said that crossing "cultural" (that is, ethnic) boundaries in counseling sometimes leads to lack of communication (the psychologist was white). A family advocate agreed, saying that the psychologist could suggest solutions to problems, but "it's like . . . you're left hanging." This drew a reaction from other advocates of laughter, recognition, and agreement. CFRP parents needing or requesting counseling for marital, child-rearing, employment, or personal problems are usually referred to other Spencer agencies, although a CAP counselor is available. Coordination of social services for the CAP agency has recently been assigned to their registered nurse, and a nutrition consultant is available through the CAP office. Social service referrals for CFRP families are handled individually by family advocates, with the help of advice from each other, the Family Advocate Supervisor, the Director, and other staff. This function has not yet been centralized within CFRP, although it has been discussed among family advocates and their supervisor.

Staff assessment meetings to update work and suggest new ways to meet needs of families are usually limited to the full-time staff of the CFRP program. These are generally planned to be held weekly, even though they met less frequently in the fall. They are a systematic and vital means of information exchange among staff, reinforcing their work as a group and setting goals and guidelines within CAP's framework. The psychologist-consultant participated in these meetings a few times during the ethnographic study. He also conducted training sessions for family advocates on the use of the Denver child development evaluation test, which staff agreed were quite helpful. When asked, he commented on problem situations, such as that of two sisters who sometimes compete for services from CFRP. To his suggestion that they be brought together to discuss the problem, the Family Advocate Supervisor answered that in such cases one parent was usually reassigned to a different family advocate.

Family advocates are frequently encouraged or required to attend other training sessions and CAP activities, most of them outside the center. These range from sessions in how to conduct eye screenings (designed to train family advocates to conduct these during the winter) and nutrition seminars, to sessions on how to deal with problems of child abuse, to CAP holiday and organizational parties and meetings. In addition, other program staff, including the Director, attend CAP activities and are occasionally sent to training programs related to their jobs. Some CFRP staff members, such as the P-3 Specialist and one family advocate, are currently pursuing college or junior college degrees in job-related subjects.

In-service training at the center for family advocates, to assist them with home visit activities, is now in the planning stage, following the return of the CFRP Director to the program. During her absence, advice was to be given by the family advocate supervisor. This was usually done on an informal basis, when advocates asked for assistance with particular families; their presentations of problems of certain families during staff meetings also provided a regular opportunity for them to receive advice. At one meeting, the supervisor gave out some mimeographed guidelines on training needs, behavior modification goals, how to plan and do home visits--knowing families, being honest, understanding problems--and conducting interviews. These guidelines, which had been used in the Home Start program in Kansas, were for each worker's own use, and were not discussed in depth. A new worker, a former CAP secretary, was sent to observe home visits with other advocates before beginning her own.

After the Director's return, one demonstration of simple items which could be made and used by parents to aid children's visual and cognitive development was given at a January staff meeting by the P-3 Specialist, Verna Kendall. During this presentation, based on work she had done for a college course the previous semester, she explained how to construct each toy from simple materials on hand at home, and the age and purpose for which it was designed. When one family advocate asked whether she was to make these herself for the parent, or have parent and child do it together, the question was not answered directly. However, another advocate mentioned she had found it helpful to begin making a toy with the parent during one visit and then check at a later visit to see if it had been completed. A third advocate laughed and commented, "My parents never finish things," and asked the P-3

Specialist to mimeograph instructions for making the toys for all family advocates. It was decided that the models would be labeled and placed in the office of the P-3 Specialist, for use by other workers.

In February, Verna Kendall drafted a proposal for training, "A Helping Hand for Family Advocates." Plans are now being made to hold formal training sessions for them--to be led by the Family Advocate Supervisor, the Program Director, the P-3 Specialist (TIPS Coordinator), and the School Linkage Coordinator. The inclusion of a Head Start specialist for this training has also been proposed. During a spring staff meeting, the Program Director also told family advocates about the availability of additional testing materials she had obtained from a training session she attended. She also mentioned the possibility of using the services of a graduate student in child development interested in interviewing CFRP families, to supervise Denver tests. This was to supplement previous training in testing for family advocates by the psychologist-consultant.

Supervision of family advocates' home visit activities is usually indirect--done by checking their progress notes on individual families, filed in families' records, and talking with them when they raise questions. Advocates are not usually accompanied on visits by other staff, unless they request help with making contacts or evaluating a child. Their projected visit schedules, submitted monthly to the Family Advocate Supervisor, are checked by her. She also keeps track of the current status of all families with respect to their service by the program. Occasionally, comments on conduct of home visits may be given by the Family Advocate Supervisor, when it is felt that an advocate is not performing adequately, or when special assistance is needed, but this is apparently not a regular practice.

The overall impression given by CFRP's internal organization is that it is rather casual and fluctuating; as indicated above, this is partly a result of both internal and external (CAP) changes during this study. The Director tends to use a personal, informal style, delegating tasks related to coordination and supervision of family advocates to their supervisor, but acting as informal consultant and guide to all staff. She is also the primary liaison with CAP and other community agencies, and is CFRP's strongest "advocate" with them. Her recognition of the constant need to maintain good public relations and build ties to other agencies was illustrated by her arrangement with the State Department of Economic and Community Affairs to use the P-3 room in the center for their videotaping of a program on their activities. This was done while she was out of the office, and the Family Advocate Supervisor was uncertain about the necessity of lending space for the taping, since it meant moving furniture and toys out of the room and disrupting some activities. However, the Director reassured her later about the need to have reciprocal relationships and exchange favors with other agencies. Another example of the Director's public awareness was her suggestion to a family advocate who brought up the problem of a single teenage parent who was too young for public housing. She suggested that an item on this problem be sent to Action Line, a local newspaper column, in the hope of creating awareness of the need for more housing and getting a long-term solution from the community.

The CFRP Director may also recommend specific courses of action, including options for referrals, to family advocates and other staff. Here her long-term acquaintance with certain CFRP families and the relationships between them, and her knowledge of how community resources function, are an asset. The Director has also filled in directly when needed, for example by giving parents rides home after center programs.

During her leave of absence, some coordination problems arose. For example, the TIPS Coordinator tried to attract more parents by arranging for the consultant who was scheduled to conduct sessions for school linkage parents to lead TIPS discussion sessions as well. Some parents attend both--because of either personal interest or their children's ages--and the School Linkage Coordinator commented that these should not duplicate each other. Some family advocates were also in the habit of planning home visits during TIPS mornings, since they had no written schedule of TIPS activities. Since the Director's return, planning for a P-3 curriculum has increased and been made more formal in terms of a proposal submitted to CAP, and CFRP staff have been encouraged to work together.

5.1.2 CFRP's Staff Members

The CFRP Director (technically, Project Manager), Jan Lawton, has recently moved from northwestern Oklahoma City to a new home in the rural Spencer community. She holds a bachelor's degree in social work from an Arkansas college and has had several years' experience with the Community Action Program. A dynamic divorced mother of four children, she has assumed the responsibilities of a single parent and is also involved in several community organizations. At the end of October 1980, Ms. Lawton took a three-month leave of absence from CFRP to help her family with their farm in Arkansas, and then returned to Oklahoma to resume her position.

During this period, Sandra Shaw's official promotion from family advocate to Family Advocate Supervisor became established. She is married, a mother of seven and grandmother of several, and a veteran of about seven years with CAP. She received her GED and held positions as day care center director, community worker, and job counselor at CAP before coming to CFRP. Her supervisory style is also basically informal with respect to giving advice to family advocates; she is there to give help when they request it, and occasionally gives direct suggestions based on her experience as a family advocate.

The six family advocates have varying educational and job experiences. Most are young--in their twenties or early thirties--and five are female. The sixth hired, not included in the ethnographic study, is a woman from the university town of Norman, south of Oklahoma City, with previous experience in juvenile services. Of the other five, all are familiar with the communities served most directly by CFRP, having lived in or near Oklahoma City for a major portion of their lives. Their work experience has been mainly in the area of community services, and a few have themselves been welfare mothers. Two are graduates of Langston University, a predominantly black school constituting its own small town some distance to the east of Spencer: Jeffrey Carter, single, a graphic arts major who worked previously for the Oklahoma City Housing Authority; and Janie Duncan, single, a communications major, who has periodically commuted from Langston while seeking a home in Oklahoma City. She also participates in other community youth programs.

A third family advocate, Jerrie Phillips, a young wife and mother of two (one preschool, and the other school-age), is currently taking classes at a local junior college for her Child Development Associate certification, which will certify her to work in day care centers. She has expressed a wish to open her own day care center, and has worked in a hospital and in Head Start previously. (It is her mother who directs the Senior Citizens' Center in Spencer.) Her goal is to complete an associate's degree so that she can transfer to the University of Oklahoma and continue her training for a B.A. and possibly graduate work in a specialty related to child development or education. Her orientation toward teaching is reflected in her work in CFRP.

Cathryn Coolidge, the fourth advocate, has had previous experience in CAP as a counselor and retains a strong interest in social services and basic needs of families. A divorced mother of one son, and a high school graduate, she continues her training through workshops sponsored or recommended by CAP, and directs the children's program in her church.

The fifth advocate, Dolly Levant, a young wife and mother of two teenage children, with about ten years' secretarial experience in CAP before becoming a family advocate this past winter, also maintains close connections with the parent agency. A high school graduate, she too continues her training through workshops and seminars, and participates in her church in the Spencer community.

CFRP's P-3 Specialist and TIPS Coordinator, Verna Kendall, holds an associate's degree in early childhood education, and is now working on her bachelor's degree in learning disabilities at Central State University in Edmond (a suburb of Oklahoma City). A middle-aged mother with several years' experience in CFRP, she holds positions in her local and state church organizations.

The School Linkage Coordinator, Joanne Bradley, holds a degree in social work, and is interested in continuing her education for an M.S.W. or a master's in counseling. A single woman, she is active in the local Mennonite church and wants to begin an adult education class for CFRP parents. She is a former family advocate in the program.

Joy Raymond, the program's secretary, is a young wife and mother of two children who lives in Spencer and formerly attended Central State University. A friend of several CFRP families, she is interested in returning to college to pursue her training for a degree in nursing--a popular vocation in the area. These staff members, along with Mr. Royce, the bus driver, are the heart--as well as the arms and legs--of CFRP.

5.1.3 CFRP's Goals and Emphases

CFRP staff share goals of providing basic services to children of all families who need them--from help with nutrition to medical and dental check-ups--and of answering requests for help by parents in crises or other situations. Since many families live on a marginal level, crises are not unusual. The delay of food stamps, loss or theft of a welfare check, or serious illness of a parent--particularly a single one--may create a critical situation. Staff recognize that these needs must be met, although they vary in their views of long-range solutions to family situations: some feel "the system" should change, while others emphasize the family's efforts.

A second common goal of the program's staff is that of keeping watch on children to see that they are developing normally without serious problems, and of providing for their general welfare. Attention to such problems as delays in speaking and learning falls into this area. However, specific advice on parenting is usually given on request, rather than being initiated by workers, and centers around questions related to physical and cognitive development. Some parents have asked for help with discipline, sibling rivalry, and family relationships, but workers generally do not give top priority to counseling parents in these areas. Also, the Director has told them, "We don't get involved in marital counseling"; these problems are referred elsewhere.

A third goal, toward which all CFRP staff work, and which has been verbalized by the Family Advocate Supervisor, is that of maintaining rapport and relationships with families--in order to carry out basic program goals. Sandra Shaw expressed the philosophy shared by program staff: "This job is rewarding, but you have to work with people [parents]." The general philosophy of serving all families was also expressed by Sandra Shaw when she said, "We never drop them." The limits this places on the ways families can be served were also revealed in her comment, "When they don't want to see us, we don't bother them." This attitude, though put negatively, is related to the delicate question of how to provide continuous service to families without infringing on parents' private interests--the reason for the constant process of building rapport, also mentioned by Sandra Shaw.

Although staff share basic goals, there is some variation in their emphases and philosophies, related to their own experiences. The Director, the Family Advocate Supervisor, the School Linkage Coordinator, and advocate Cathryn Coolidge most clearly express the philospphy that the "successful" CFRP parent is one who has built up her confidence, assertiveness, and independence in problem-solving, through participation in the program. This is illustrated by their opinion about Ida, a single welfare mother not in this study, who had been referred to counseling for child-rearing problems. She was a "success"--she really "developed" and "came out" when she began participating actively in center sessions and in the Policy Council. Ida had experienced serious difficulties in personal relationships but obviously benefited from group therapy and the center discussion groups led by the School Linkage Coordinator. Support by program staff and friends was vital. Sally, a parent in this study, commented on Ida's participation in discussion groups: "Some people laugh at her, but I really admire the way she can get down and talk about her problems." Ida's employment in a new job coincided with her Policy Council activity, and enhanced her feelings of increasing independence.

The priority placed by the CFRP Director on such "success" is also related to her positive comments about other CFRP parents who want personal independence, such as a mother who took a job and left her children with her estranged husband, and a father who finally decided to divorce his wife, who had left him and the children several times. The Director's advice to Jeffrey Carter, who was hesitating to refer this father to Legal Aid for the divorce because "That wouldn't be advocating the family" was: "It might be." The view that single women can also raise children well was expressed both by the Director and by Cathryn Coolidge, also a single parent, who summed up the responsibility of child-rearing by saying, "It's always the mothers."

Another aspect of the need to build parents' independence was stated by the School Linkage Coordinator, Joanne Bradley, who told me and Sally, a welfare mother, that she was planning her discussion sessions on parent assertiveness to help welfare parents express themselves, saying: "Just because you're on welfare doesn't mean you can't express your feelings." Some family advocates, such as Cathryn Coolidge and Dolly Levant, also reveal their interest in enhancing assertiveness through advice given during home visits. For example, Cathryn suggested that Gayla Gordon join other tenants in discussing proposed rent raises with the housing project manager, and Dolly advised Gayla to document instances of false reports given to the manager about her. Cathryn's concern that parents need increased access to social services was also revealed in her suggestion that CFRP should have its own social services coordinator, to help family advocates.

In contrast, some other staff members tend to emphasize the role of the program in teaching children; in particular, Jerrie Phillips expressed her opinion that CFRP "should be under the School Board," to ease the problem of coordination with Head Start and the public schools. Verna Kendall, the TIPS Coordinator, emphasizes the goal of teaching parents, both through demonstrating making items for children, and through planning luncheons and menus to teach nutrition. However, she also includes "self-development" in parent education.

Thus, while all staff incorporate goals of helping both parents and children into their work, they differ in their approaches and priorities. Sometimes, program goals are directly discussed; often, staff are involved in interpreting the emphasis which should be given to different goals, through the daily process of working with families. Placing emphasis on building up the skills and coping ability of parents as problem-solvers can be interpreted as a way of strengthening their roles as parents, and, in the long run, enhancing child development; it can also be seen, and often is, as a valuable end in itself.

5.2 CFRP Families

5.2.1 Family Characteristics, Goals and Need for CFRP

In the Spencer-Oklahoma City CFRP, the majority of families served are black, although in a few families, one or both parents are white, Hispanic, or native American. (To my knowledge, no Asian or Middle Eastern families are in the program, although several thousand now live in the Oklahoma City area.) The ethnicity of the program and its staff is related both to the original target population of CAP, and to the location of CFRP in the predominantly black community of Spencer.

Nine of the ten mothers in the ethnographic study sample were black; one white mother whose ex-husband was black was chosen as a replacement when another moved away. All were single parents, with between one and five children. The CFRP director had suggested including an Indian mother, also separated from her black husband, but she was not needed to complete the sample. Six of the ten families were living in Oklahoma City, some after moving there from Spencer or other small communities; the remaining four are in Spencer.

The following profiles give brief descriptions of the families' structures and economic situations, and the status of the parents.

> Brenda Myers is a 21-year-old mother of Maynard, age 2. She has never been married and lives with her grandmother; her own parents are deceased. Brenda wanted to continue the college training she had just begun, to work in data processing, but had to stop and get other jobs to support Maynard. Since his accident and hospitalization several months ago, she has been on welfare and at home with him, but wants to pursue a career--perhaps in nursing.

> Liza Monroe is a 26-year-old mother of two 2, 3-year-old Bobby and 5-year-old Randolph. She is a victim of a chronic blood disease and has been on welfare since her divorce. The children's father is close to them, and cared for them during Liza's recent hospitalization, but she wants to get a job and support them on her own.

Gayla Gordon is a 27-year-old mother of 3 children: 6-year-old Clint, 5-year-old Dorothy, and 2-year-old Jamie. She received welfare after her divorce, but recently got a job in a nursing home after her mother moved to the area and found work there. The children see their father occasionally. Gayla's main goal is to be able to afford to move to a better home than her apartment in the rural housing project; she is also interested in job training.

Sally McDowell is a 23-year-old mother of 3 children: 8-year-old Darlene, 7-year-old Carl, and 3-year-old Marty. Sally has alternately worked as a nurse's aide and received welfare since her divorce from Carl and Marty's father, whom the boys visit frequently. She is seeking work in the only hospital in the area offering a program in nurse's training, and hopes to make this her career.

Sarah Murphy is a 20-year-old unmarried mother of 2 children: 2-year-old Cassidy and 4-month-old Karena. She wanted to continue her education, which was interrupted when she had to leave junior college because of Cassidy's birth, but has been alternately receiving welfare and working since then. Her boyfriend keeps in touch with the family, and Sarah and the children have been staying with a friend; she is eager to get her own apartment.

Ruby White is a 35-year-old single mother of 3 children: 8-year-old Gideon, 2-year-old Clarence, and 6-month-old Joey. She worked periodically after leaving high school, but is hampered by a speech problem. The family has received welfare and food stamps for several years and lives in public housing.

Clarissa White is a 26-year-old single mother of 5 children: 10-year-old Marcus, 9-year-old Mae Sheryl, 6-year-old Roswald, 4-year-old Audrey (the youngest son), and 2-year-old Corinna. She is the sister of Ruby White but moved into an urban public housing project after living with her family for some time. Clarissa has worked periodically but is now home with the children, and has been receiving welfare and food stamps for several years.

Eileen Lowry is a 20-year-old-single mother of 2 children: 4-year-old Faye, and 2-year-old Tommy. She and the children have been living with her family and receiving welfare. Eileen had worked briefly after leaving high school and is now trying to become independent.

Yvonne Dennis is a 22-year-old single mother of 1-year-old Tindall. A high-school classmate of Brenda Myers, she left her parents' home and moved to the urban area last year, but declined support from welfare. Several months ago Yvonne left town and moved to a large midwestern city.

Marie Vaskins is a 21-year-old unmarried mother of 3 children: 5-year-old Virgil, 3-year-old Damon, and 1-year-old Steven. The family moved to their current home in an urban housing project after their rural apartment was burned, but they maintain close ties with Marie's family there. She has sought work but is now at home with the children, receiving welfare.

The common feature of all the families observed, which creates basic problems all must deal with, is their low-income status. Support for both parents and children--either by welfare or low-paying jobs, and usually by a combination or alternation of these means--is a crucial dilemma, inevitably bound up with the need for more education or training. For the single parent, these needs often lead to a vicious cycle. She wants to work and/or attend school to get out of her poverty situation but may have to depend on welfare for child support, or postpone pursuit of the goal of further education because of the demands of the "parent" and "provider" roles she plays. The lack of day care and transportation are important problems also, particularly in the Spencer area.

A poignant example of these problems and role conflicts is the situation of Brenda, who was "upset" and suffering from an ulcer when she entered CFRP because she had lost her car and was worried about work and school. Brenda was determined to return to college but eventually found it necessary to work double shifts in a bakery to support her two-year-old son Maynard and her grandmother, who helps out by babysitting for Maynard and caring for the children of neighbors in their home.

Before finding work that paid sufficient wages, and after her son's accident, Brenda had to rely on welfare to support him. However, she was proud of her ability to earn a living, when she could do so. While teasing Maynard and showing me the corrective shoes she had bought for him, during a visit between her shifts, she said: "I don't worry about rest since this 'bad' little boy was born." She is eager to find a good job now.

For most CFRP parents, being single is both the cause and the condition of their receiving financial support from welfare, whether for a short time or several years. A few parents in the program are married, such as a young couple with two small children, isolated by the mother's blindness and the father's need to be away at work all day, although he is a diabetic. CFRP has provided transportation and arranged admission to Head Start for the older child in this family, at the mother's request. However, married couples form a minority of families served by CFRP here. Of the parents observed, a few are full-time welfare mothers, some quite dependent on CFRP for aid with social services. Yet of the ten mothers included in this study, although only two were initially employed, six took jobs or were planning to work at some time during the six months of observation; and one of the "unemployed" parents, Marie, took babysitting jobs whenever she could arrange them while caring for her own three children. A second unemployed mother, Eileen, had worked before the study, prior to the birth of her second child. Of the other two, one (Ruby) was hindered by physical problems (speech impediment, learning disability, and high blood pressure); the other, Clarissa, had a large family of five children to care for and had not found suitable work although she had registered with the Work Inventive Program (WIN). Her family advocate said, "It's her own fault--welfare would pay for day care"--implying that Clarissa had chosen not to work.

Aspirations toward continuing education are most common among those parents with three or fewer children, and strongest for those who have already begun college or are in jobs related to a career, such as nursing. All of the mothers in this study have completed at least their junior year in high school, and two have begun college or junior college training but have not been able to continue. For example, Sarah had to stop her education when she could no longer afford it due to the birth of her first child. She requested help in getting educational loans but found it necessary to work instead; the most stable work she found was as a nurse's aid on the evening shift. Sally, also a nurse's aide, has developed an interest in nursing as a career. However, it will be difficult for her to enter college to become an RN, so she hopes to pursue this through a hospital diploma program. Her ambitions and need to support three children have made temporary nursing jobs at the level of aide less attractive, especially since her previous supervisor was "a prejudiced woman but a good LPN." Sally realized that LPNs are lower on the occupational scale than RNs. She is also interested in working at the training hospital because it "pays better--it's the only one with a union." Of the parents in the study, these are the ones with the clearest educational or career aspirations, although achieving them has been delayed.

Most of the mothers in this study prefer to work. As Sally says, "It's not mandatory" that those with children under school age work, but they view this as preferable to welfare. After attending a meeting on the Work Incentive Program, Sally, said "I never saw so many women who just sit up and make excuses [for not working]!"

Earlier, she had said "Welfare discourages you from working," since assistance decreases as income increases. For her, as for Brenda and most parents in this study, the difficulty is to obtain sufficient training to get a job which will support their families. Welfare fills in when this is not possible, as well as when fathers are absent and unable to provide help.

Isolation is a problem for all low-income families, in varying ways: they are constrained in the extent to which they can participate in, and receive the benefits of, the society in which they live--whether by lack of education, money, or transportation--and they are marginal citizens, relative to those who have resources to control their own lives and power to influence those of others. While CFRP is not set up to profoundly alter this situation, it helps to lessen isolation by suggesting resources and alternatives. Yet the families it serves are not totally isolated in an absolute sense--within their own networks of kin and friends, they call on each other and furnish mutual support.

Within the CFRP program, several families are related by blood or marriage, including two sisters in the ethnographic study, Ruby and Clarissa White--one living in the Spencer housing project, and the other in a project across the street from the Welfare Department in the city. These two families are well known to program staff, having both been in CFRP for about six years;

however, some other such relationships have been discovered by staff, particularly family advocates, only accidentally. For example, a fascinating revelation of the kin and marital interrelationships of several families occurred during a staff assessment meeting discussion. Each family advocate had partial knowledge of these relationships, and the Director filled in some of the missing pieces.

Other parents in the program--the majority of whom are single women--are friends or acquaintances; some have known each other through school, church or social activities--including, in a few cases, dating the same men. These relationships encourage and, on occasion, discourage program participation, although the extent to which this is the case is hard to measure. Friend and kin relations may also dictate ways in which staff give aid to families: in at least one instance, a mother (not in this study) became jealous because she received a holiday food basket later than her sister. CFRP staff are aware of these feelings and try to minimize situations giving rise to them.

Most of the mothers in this study, and their children, are close to their families of origin--at least three, who have moved into the city during the last two years, visit their parents and siblings in Spencer fairly often. A fourth, Gayla, eager to find a safer home for herself and her three children than their location in the housing project in Spencer, temporarily took in her own mother and disabled stepfather when they moved to Spencer from a town 40 miles away so her mother could begin a new job. Gayla herself was able to obtain work in the same place--a nursing home--the next month, and devised a plan to divide the care of her children with her mother and teen-age sister. The reciprocity of these family relationships, and that of Brenda and her grandmother, reveals both a source of strength for many CFRP families and the limits placed on them by their need to share scarce resources--a situation similar to that described by Carol Stack in her study of black women near Chicago (All Our Kin, 1974).

Similar methods of coping by using informal networks of friends are seen in the case of Sarah, who moved from the rural area north of Spencer near her parents' home into Oklahoma City several months ago. For Sarah, the birth of her second child during the time of the ethnographic study intensified the family's economic struggle so that she considered having a friend raise the baby. Yet after the arrival of Karena, she and her two-year-old son, Cassidy, were delighted with the little girl and made room for her in their lives. According to her family advocate, "When she saw the baby, she wanted her." Sarah has returned to her job in a nursing home and is continuing to provide for her family, assisted by the housing she shares with her friend. She depends on CFRP now primarily for transportation to medical care and for health information for her children; her mother is a family counselor with CAP, but Sarah is trying to become independent. Several other mothers share tasks with friends or neighbors. Gayla and her next-door neighbor, also a CFRP mother, took turns caring for each other's children and protecting their apartments against break-ins; the neighbor also used Gayla's washing machine, and helped her keep her yard neat.

Sally shared child care with her neighbor as well as her sisters, and her home was a focal point for both friends and relatives when she was off or not working. Liza, after moving to a duplex apartment, near the hospital where she spent several weeks, said she liked her "new" residence because "My landlady is next door--if I need anything, I can call on her." Liza was also friendly with several other CFRP mothers, whom she saw socially, and some of whom had stayed with her temporarily. For single parents in marginal situations such as the ones these families live in, informal relationships become increasingly important.

Some of these parents also share similar goals for their children--to become mature, to behave well, to succeed in school. Marie, Sally, Gayla, and Brenda are all eager for their children to become less dependent and learn to do chores in the home. Gayla and Brenda sometimes revealed anxiety about this; Brenda said, "I don't do anything for Maynard he can do for himself"; then she encouraged him to demonstrate his skills by asking him to go to the porch and bring in his own small mop to wipe the floor. When he did so promptly, his great-grandmother commented, "Sometimes he's too helpful!" Both Sally and Marie encouraged their sons to make simple snacks for themselves, within the limits of safety (Sally spanked three-year-old Marty for turning on the gas stove, without asking her), although Gayla seemed to feel cooking was a girl's task and asked if her young daughter shouldn't begin this. Clarissa's oldest son (age 10) and daughter (age 9), both Head Start alumni, showed familiarity with kitchen tasks when they helped expertly during a nutrition activity, without instruction from their mother.

Parents also feel a need to learn more themselves in order to help their children, as illustrated by Gayla's statement: "I'm going to need to help Clint and Dorothy with their schoolwork." All want their children to do well, though some feel this is the duty of teachers, while others view it as their responsibility to help them learn. Brenda said, "I go over the parts of Maynard's face with him every night"; Liza said, "I help Bobby and Randolph say their numbers." Parents may also feel that preschool children should have learned things on their own. For example, Sally laughingly said, of Marty: "He's so simple--somebody once offered him $20 to tie his shoe, and he couldn't do it!" Her new family advocate gave her a cardboard "shoe" to help him.

For some families, preschool learning and child care are secondary to economic concerns; Liza's response to a suggestion that the boys could attend Head Start at a nearby center was, "I've heard they have a good day care center--I'm thinking about getting a part-time job." Although Brenda had asked for help in finding a "peer group" for her son when she came into the program, she was unable to bring him to TIPS while she was job hunting and planning to return to college, or after she began work. Again, the multiple demands on a single parent are clear--as is the effect of low income, which sets priorities for her.

5.2.2 Individual Families and CFRP--How Parents See the Program

Most CFRP families realize it is an "ace in the hole"--they feel they can call on the program for help in times of need, whether for assistance with economic problems, housing, medical appointments, or education--or for advice or referral for problems related to development of their children. They also tend to see CFRP as closely associated with Head Start, especially the City-County Center with which it shares a building. Many parents ask

CFRP staff to help them and their children in Head Start. Sally was particularly eager to enroll Marty, and discussed this with her two family advocates and the School Linkage Coordinator, saying "I really like City-County [Head Start]--Carl and Darlene both went there two years, and Carl was kinda slow, but he improved a lot." Marty was eventually able to enroll.

Other parents, such as Liza, tend to combine the two programs in their minds; when her family advocate asked if she knew what CFRP does, she replied "Yes, it helps them [the children] with their counting." The advocate asked if she knew that CFRP could also help in times of emergency and she nodded. Most parents understand CFRP as both a service and an educational program. Some mothers also value it for social activity and sharing experiences with other mothers, and for self-expression and recreation.

For most of the mothers observed in this study, obtaining basic services and having a resource to call on in times of crisis or when they need advice on child-rearing are most salient. They mention program experiences in these areas more frequently than working specifically toward improved interaction with their children, although some (for example, Gayla) ask for guidance with the parental role in education and "communication," which is usually interpreted as "discipline." One parent not in this study asked help from a consultant conducting a discussion group on how to communicate with her children about her relationship with their father. Several mothers I observed had been positively evaluated on the "parental skills" checklist filled out initially on all parents, on ability to help children explore their environment and develop independence. However, this need--to develop parental skills in promoting children's independence--was not brought up in parent sessions I attended, or raised by parents who presumably needed more help with it.

Typical questions on child-rearing on which parents ask advice are related to physical development, such as how to improve the child's eating, or how to wean or toilet train him. For example, Brenda asked her former family advocate for help in these areas, and he gave her some written materials and referred her to others available at the local clinic. After she had succeeded in weaning him, however, her son had to be hospitalized for a month

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and the nurses gave him the bottle against her instruction. She then sought more help from her (new) family advocate, during a home visit. After a "name-the-fruit" activity, while the worker was giving the child a taste of a banana, she answered his mother's question by telling her to "give him a cup of milk when he gets hungry." She then reassured her that he would then "soon put down that bottle," and would also learn to say "yes" when he wanted something after passing through the stage of saying only "no"--the "terrible two's." This advice relieved the mother's tension in her particular situation. She understood that her son's toilet training would need to be reinforced, since he had been given Pampers while he was "on IVs and couldn't move around."

Some parents, such as this mother, ask their family advocates directly for such advice. Others do not, but wait for the advocate to initiate suggestions or solutions to problems in child-rearing. This was true of Clarissa and Ruby, both experienced mothers. Ruby's middle son had a definite problem in speaking, for which she apparently had not sought advice. Yet she was willing for Clarence to be "screened" by a speech therapist, and seemed to accept the help of her advocate, Janie, with him, after a joint home visit by Janie and the P-3 Specialist. Both Ruby and Clarissa, however, did ask their advocates for help with basic needs (food, shelter, medical care) for themselves and their families.

Most parents feel the program is generally helpful and seek help with problems they feel are crucial--often immediate problems, or basic economic ones. They also gain support in improving relationships with children, from visits and center activities. Some CFRP parents seek advice on dealing with the "stages" of their children's development and handling problems associated with these, both from staff and from other parents. While the extent to which this need is met is not easy to measure, informal discussions between parents as well as talks with family advocates and with consultants during some parent education sessions do address these concerns.

Changes in parent-child interaction are usually subtle, although for Gayla, the most active parent, I did observe an increase in interaction with her youngest son, as he grew from a quiet toddler dependent on a pacifier into a curious, friendly, talkative little boy. This may have been related to the mother's participation in program activities. Changes in relation to the program itself are more noticeable, such as the increasing need for support of the little boy who was hospitalized, and his mother's related dependence on advice and referral to counseling and legal services. In this situation, according to the Family Advocate Supervisor, "She didn't know she could get so much support for herself and her baby."

Most of CFRP's services and activities are generalized--a similar set is offered to all families, and is available as the need arises. This works well for the parents who are involved in the program, since relatively few are "multi-problem." The basic needs and problems of the majority of the families in the program are similar, as are those of the single mothers in this study.

An example of a direct attempt to define the limits of a specific service to all families in the program is the setting up of the van service. In response to questions from family advocates about getting transportation for certain families, the director cautioned them against transporting parents in their own cars because of insurance problems, and discussed setting up guidelines for use of the bus, based on location of families and their access to transportation through friends or neighbors. As with other services, need determines assistance; although most parents ask for help with transportation, some are more isolated than others. A few prefer to provide their own transportation--apparently to have more choice in scheduling activities they attend, or to be more independent. Clarissa, for example, got a ride to a parent session because the center van "came too early" (before 8 a.m. for the 10:00 a.m. meeting), and she took her children to a medical check-up herself after cancelling an appointment with her family advocate. However, most mothers rely on transportation assistance.

For the most part, deliberate program individualization occurs as related to particular problems requiring services, discovered by parents or staff--such as a child's need for corrective treatment for his feet, or referral of a mother to the occupational skills center. However, these are resources available to all. Most variation occurs as a result of circumstances of families; backgrounds and orientations of family advocates and other staff are an additional factor which may indirectly influence how families perceive the program's ability to meet needs.

For various reasons, few fathers attend center sessions or enroll in the program themselves, although some are indirectly involved in home visits. An important factor in this is, again, the structure of the public assistance and housing system, which requires that fathers separate their relationships with mothers from their roles as parents or providers. Several mothers, including one in the study, reported that the manager of their housing project checked up on the male "visitors" they had, and that "it goes down against you." Another mother in the study brought up the questions welfare workers ask them about intimate relations with the fathers of their children; still another, when her son pointed to a photo in an album and said, "Daddy!", told him (and me) emphatically: "No, I'm not married--that's your uncle!" However, one boyfriend was present in the home during two visits; he stayed in another room after introducing the two-year-old child to me, calling him "the man"--but he did not introduce himself, and the child's mother did not refer to him.

One visit was held with a father--Liza's ex-husband--who was at her home with his sons, Bobby and Randolph, only while their mother was in the hospital. He seemed interested in the Denver Test given by the family worker, and in discussing recipes mentioned in connection with nutrition activities--particularly the unbaked cookies. In general, however, fathers who participate in the program themselves are single and raising their children (or have custody of them), with the exception of the few married couples who enroll. In these families, however, the wives are more active in program activities.

The relationships of mothers with family advocates are varied. Different parents have different relationships, and relationships also change as needs and goals change. Some mothers develop and want to maintain a close personal relationship with one family worker that persists over time. When Gayla's worker, for example, told her she was planning to transfer to another position, Gayla expressed disappointment, saying "Who's going to be my family advocate?" The worker reassured her that someone else would take her place, and a new advocate soon did so, although this turned out to be temporary when the old one returned. Close relationships may persist even when staff take on new positions. Sally felt very close to her previous advocate, Joanne, who visited her to invite her to school linkage parent sessions--as well as to her subsequent advocate. Several of Sandra Shaw's former parents dropped in to talk with her in her office after she became supervisor, or brought in their children to show her how they were growing. Parents usually accept family advocates in their roles as representatives of the program and often adjust to change in workers without difficulty, building new relationships.

Other parents' relationships with their advocates change with their circumstances and needs. If they begin to feel uncomfortable with a worker they may make themselves unavailable, although in most cases this seems to indicate declining interest in the program as a whole. For example, both Liza and Clarissa, who had different family workers, eventually dropped out of the program; the only apparent reason was that they wanted to make decisions on their own, and use other resources, including friends.

Some parents, like Sally, Liza, and Eileen, drop out of the program temporarily and then are relocated by staff, or return when they need help with further problems, usually basic needs. When they return, they may be reassigned to a different worker, although this was not the case with Liza when she broke contact temporarily before dropping out at the end of the study. Eileen "came back" into the program and met once with her "new" family advocate, then cancelled all other appointments; when the worker phoned, she reported, "She [Eileen] answered and told me she wasn't there!"

Of the ten parents originally in this study, six remained active in either home visits or center activities (and a few, in both) during the six months. One moved out of town, two dropped out of the program altogether, and another (Clarissa) dropped out gradually, continuing some participation in School Linkage Sessions until the end of this study but cancelling home visits the last month. The question of why parents drop out is related to that of why they participate in the program--what needs it fills for them.

The role the program can play in meeting needs that they consider primary seems most basic. This will be explored further after a discussion of what CFRP does for families.

For both working and nonworking single parents, family advocates lend an understanding ear and offer emotional support; and association with other CFRP mothers in similar situations provides opportunities for mothers to share experiences and advice. For some nonworking mothers it is a group to which they can give their energy and receive companionship, as well as guidance and strength in times of crisis or basic need. An example is Gayla, active in the program and Policy Council, who valued this opportunity to "get out of the house" before she took a job, and looked forward to home visits when she could talk to the family advocate as a friend. Some working mothers also continue to use the program in this way, although the number of active working parents is probably fewer. The extent to which different families seek services and help in each of the areas listed above does vary according to their current needs, experience and length of time with various staff members in the program. It also depends on their other resources: relationships with other social agencies, religious organizations, and extended family and friends. It also varies with their location--in Spencer or Oklahoma City--and type of residence--public or private housing. Of the families observed, differences in overall experience with the program were more a matter of degree than of kind, although the most active parent lived in Spencer and was an integral part of the community there. She was also not working at that time.

Another factor in requests for and delivery of CFRP's services is the age of the parent; for teen-age mothers, in particular, living with their extended families may be a complicating factor in the receipt of services. They are attempting to become independent and, while they may participate for a time in CFRP and receive home visits, this may change as their own situation and family relationships change. Eileen, for example, was in the program for several years but has now become inactive, although probably continuing to maintain some ties with her family. Similarly, I observed that, in several cases, the taking of a job by a single mother lessened the amount of time she could spend with her children and in program activities, but was often related to long-term goals.

Some changes in participation may, however, be more cyclical than developmental. One dramatic case is that of Liza, divorced and a victim of a chronic debilitating disease, who participated in the program periodically for a short time. Her two preschool children were enrolled in Head Start at two locations since the family moved across town, but they are not attending these classes, and the family has again dropped out of CFRP. According to her records, Liza was grateful for the assistance given her with medical care when she entered the program; however, it was only through her social caseworker that the advocate learned of her recent hospitalization. Her ex-husband helps out during such crises and keeps the boys when necessary, and has expressed an interest in having them attend Head Start. It appears that the instability of this family's situation makes it difficult for them to become involved in a regular program, and Liza is apparently attempting to cope with her problems on her own, with plans to go to work when she regains her strength. In this case, the magnitude of the family's difficulties, with which CFRP can offer only partial assistance, may have influenced their lack of involvement; in addition, the mother's reliance on friends and kin, including a brother-in-law as well as the children's father, for assistance with tasks in the home and child care, indicate her desire to take care of problems herself.

Although the designation of "multi-problem family" was not used by staff to describe any of those in this study, a few families border on this category and require special services. Toward the end of this study, one family advocate was temporarily assigned to coordinate assessment of needs of "handicapped" families, usually meaning those in which the parent is handicapped. (Liza could fall into this category, but was not so designated.) In some cases, specific problems of children are related to disabilities. This is true of two-year-old Clarence White, who has a noticeable delay in learning to speak, although he understands verbal instructions and occasionally utters a word while playing. His mother has a speech difficulty which prevents her from articulating clearly and serving as a model for Clarence's speech; the family advocate supervisor referred to this as a "handicap." An older brother, Gideon, is talkative and doing well in school, but it is possible that he was closer to other relatives, including cousins, when younger, and he appears to spend more time with his age-mates than with Clarence. Through the efforts of the family advocate, CFRP has arranged for Clarence to be screened in a diagnostic clinic by a specialist under contract to the CAP agency. Ruby White said, "Thank you all for coming," when we visited with the P-3 Specialist to check on Clarence and inform the family of the screening. This family, and another (not in this study) in which the mother is blind and the father's diabetes limits the family roles he can fill, tend to view the program as essential in meeting their needs, although the latter mother is more direct in making requests and verbalizing her positive feelings about services.

These examples reveal some of the special strengths and problems of CFRP families in Spencer and Oklahoma City. Their needs for CFRP center around the obstacles many encounter in obtaining social services, and their need for support as parents, both from other parents and from staff who have successfully coped with raising their own children and achieved independence and stability. While constrained by similar economic situations, their individual experiences with the program vary with their own perceptions of it, and those of the staff to whom they are closest--as well as with the particular situations in which they live.

5.3 Needs Assessment and Program Services

The program serves each family who participates by first determining its parents' goals and the needs of both parents and children. CFRP then offers services or refers families to services to meet those needs--as well as providing general activities designed to promote development of children and parents. Needs of each family are assessed by program staff when it enters the program, by means of interviews with parents. Responses to questions about what they want from CFRP are recorded on forms which are kept in their files and reviewed as the need arises. Background questions are related to housing, sources of income, health needs, number of children and desire for family planning, and need for legal and other special services. Parents also give their religious affiliation, and the interviewer makes notes of personal strengths of each family--such as extended family working together or close relationships of parents and children. Goals volunteered by parents usually relate to solutions to basic economic needs or to desires to help children with their development, such as finding playmates for a preschool child.

These needs are reassessed by periodic discussions among family advocates, the Family Advocate Supervisor, and the CFRP Director, as well as the TIPS Coordinator and the School Linkage Coordinator, both informally and during staff assessment meetings. Each family advocate selects one or more families about which he or she has special concerns, and presents these cases to other staff at the meeting; they make suggestions for solutions. The advocate then records these and incorporates them into a plan for the family. Usually, specific problems are discussed, such as the need for intervention in the speech problems of Clarence White. In this case, the program director suggested word games on the boy's level which the family worker could do on home visits, and the diagnostic service for speech problems available through CAP. The family advocate followed up by taking the P-3 Specialist (TIPS Coordinator) with her on the next home visit, to observe Clarence's speech during a nutrition activity in which he was asked to participate; the advocate then recommended him for screening after further discussion with the P-3 Specialist. As this example shows, the main responsibility for determining what services are needed by each family rests with its family advocate, although other staff may be consulted.

Referral of families to community resources is thus diffused among family advocates. One family advocate and the Family Advocate Supervisor have raised the issue of the need for a social services coordinator to compile lists of agencies and handle referrals. During the ethnographic study, the referral system was basically informal--no central, standard file of organizations was kept, but individual staff discussed resources with each other as problems arose and their families requested assistance. These were also included in staff meeting presentations, and the Family Advocate Supervisor suggested she could set up a central file if family workers would give her a list of agencies they use. New family advocates learn about resources through these discussions, and suggest others with which they have had previous experience, such as voluntary social and charitable organizations, community counseling centers and churches.

In the Spencer-Oklahoma City CFRP, the distinction between direct and indirect services is not a sharp one, and may vary with the family. Services generally provided directly to families include health screening for children through CAP staff, and arrangements for and transportation to physical and dental check-ups and other medical appointments at Mary Mahoney Clinic, Children's Hospital in Oklahoma City, and doctors and dentists selected by the families. Other services which are more or less direct involve calls by advocates to public utilities, gas and telephone companies for adjustment or postponement of charges, and emergency financial assistance (subject to approval by CAP) for heating and utility bills. These are services related to basic needs. Those services related to CFRP program goals and activities include applications to Head Start centers in the metropolitan area, encompassing both Spencer and Oklahoma City, and transportation of families to center activities when needed. This has been done not only by the CFRP bus driver, but also by center staff, including family advocates, the Family Advocate Supervisor, the Director, and the School Linkage Coordinator.

More indirect services to which CFRP refers families include: counseling centers, for marital problems, child-rearing issues or child neglect, and other problems often at the request of the parents; employment services such as the state employment office, skills center, and job opportunities provided through the Urban League; school counselors and educational loan programs; Legal Aid and lawyers who have dealt with other families served by CAP; and organizations such as the Salvation Army for Chrismas toys, Skyline Urban Ministries, Neighbor for Neighbor, and local churches for home repairs and furniture. Calls are often made directly to these agencies by family advocates, when a family asks for assistance.

Efforts are also made to help locate housing where needed or requested, although the limits of families' budgets are the determining factor here, and parents must usually make their own decisions to move out of public housing. Staff often provide indirect service; advocates advise families to apply for rental assistance, and some recommend real estate agents when these are required. Sometimes advocates call staff at the Oklahoma Housing Authority, and in one case, a new advocate found a home for a parent's mother next to the advocate's own home in Spencer. Advocates may also serve as liaisons between parents and the Welfare Department, providing assistance in crises--such as vouching for the legitimacy of their "claims" when checks are stolen or food stamps delayed; or accompanying them to talk with welfare workers when they feel it necessary to take jobs against welfare's "guidelines."

As the range of these services reveals, advocates must juggle social service referrals and direct medical and health screening assistance with child development activities--from nutrition records to evaluations of cognitive and physical development, and home visit activities designed to promote parent-child interaction and child development.

5.4 Program Activities

5.4.1 Home Visits and Family Advocates

Planning of home visit activities is the responsibility of each individual advocate. Some activities must be done with all families, by all advocates: filling out health and nutrition forms on CFRP children, and doing child development evaluations (Denver Tests) every six months. According to the Family Advocate Supervisor, although staff are aware that other tests have been recommended by the national office, Denver Tests are still used because "they can be explained more easily to parents" by family advocates and "it's important for parents to understand them." These activities are checked by the Family Advocate Supervisor, from records filled out by each advocate and placed in each family's file.

In addition, each advocate also chooses and carries out whatever educational and parent-child activities he or she feels are needed, or helpful, for a particular family. Three of the advocates I observed tried to carry out the same activities for each family visited the same month--for example, Jerrie did nutrition activities one month, and coloring and image recognition exercises another; Dolly did an exercise in recognizing pictures of and naming different fruits, and tasting them, during the month she was observed--with both of her families. For these activities, these two advocates also included the siblings of CFRP children.

Planning of educational and interactional activities in home visits is largely left to the individual advocate. Ideas may be exchanged in staff meetings or informal discussions. Advocates also draw on previous experiences in Head Start, other jobs, or educational courses related to child development--as well as on materials and activities used by their own children. Each advocate requests needed supplies from the CAP office. Occasionally, specific assistance in planning is given by the Family Advocate Supervisor, the P-3 Specialist, or the CFRP Director. The Family Advocate Supervisor also checks the activities from the progress notes, in which advocates record home visit activities for each family--although the particular activities carried out depend on each family's needs and its advocate's resources. These are presumed to be related to areas in which children need developmental assistance, based on Denver Tests, and to areas in which parents need help in working with children. However, the extent to which this is true varies with each advocate and each of his or her families.

What Are Home Visits Like?

During home visits, the work of most family advocates is divided between filling out health and nutrition forms for children, child development evaluations, educational activities for children, and discussion with parents of problems related to child-rearing and basic needs of the family. An example of a home visit covering most of these areas is the one conducted by Jeffrey with Brenda and her son in October. He began by asking Brenda how Maynard was doing, since he had recently returned from a trip to California with his grandmother, and his mother had asked for advice on feeding and toilet-training since Maynard's return. Jeffrey gradually brought out the diagnostic toys for the Denver Test and tried to interest Maynard (then age 1 year, 7 months) by coaxing him away from turning the dials on the TV set. With his mother's repeated instructions and encouragement, Maynard came over and began his test--throwing an orange ball. He then carried out most required tasks well, including scribbling, climbing steps, stacking blocks, and dumping raisins from a glass--although he did the last two only after his mother demonstrated for him. She also helped him name the parts of his face, pointing to them on herself and on him; his most familiar word was "eye."

At the end of this activity, the advocate gave Maynard and his mother some Halloween pictures for them to color. She did not participate much, and declined the crayons the advocate offered to leave even though Maynard was definitely interested. She was afraid neighbors' children would mark on the walls, and she joked that she would "file" her son's pictures in the wastebasket instead of hanging them on the wall, as the advocate suggested. When he also suggested that she could take Maynard trick-or-treating, she said, "I don't think so"--apparently feeling he was too young, or that she did not have time. Maynard was not very talkative, but gradually became more sociable, bringing the box of toys to me to be reopened while his mother reviewed his health forms with the family advocate. Jeffrey also invited Brenda to bring Maynard to TIPS; she did not respond, but asked him again about feeding and toilet training, saying that the information he gave her from Carl Reim didn't work. He recommended that she get some pamphlets from the Mary Mahoney Clinic nearby. They then discussed her goals to take the ACT test and return to college at Central State University. As we left, she and Maynard waved, smiling, from the fence of their small, neat yard.

Another example of a home visit in which the mother was involved in several activities is the second one conducted by Dolly with Gayla and two of her three children, in March. When we visited, Gayla's mother had just come in from work, and talked with us while her husband was resting upstairs. Gayla's two children were being watched by her teenage sister, and listened with their three friends from next door--all sitting on a couch in the apartment. Gayla and the visiting children's mother came in a short time later--they had had a flat tire on the way home from the CFRP Center, where they had attended a School Linkage Session, and participated in a clean-up organized by the TIPS Coordinator to prepare for the visit of the national director.

As soon as their mother arrived, the family advocate began her activity with Gayla's children--sitting with Jamie (age 2) and Dorothy (age 5) on the living room floor. They were joined by their friend in the fruit identification and matching activity. This was to "reinforce color, shape, and taste." Dolly had given Dorothy a fruit coloring book last week. As instructed by the advocate, Gayla promptly began cutting up fruits which Dolly had brought at the kitchen table nearby, for a "fruit tray." From her place, she observed carefully and interrupted only to tell Dorothy to "slow down" and "take your time" and "say the name of the fruits and colors" and not confuse them. She also told her, "Don't just repeat what Dolly is saying." Dorothy is in Head Start and has received speech therapy, but Gayla did not know the results. Dolly told her to ask for a report. Her mother pointed out to us that Dorothy needs to work on words like six--"She says 'ix' instead" and said this may be "because her daddy was Mex" (Mexican), and had a Spanish accent. Jamie named the fruits clearly, with the advocate's encouragement, from the pictures she used. Gayla then served the fruit tray for the children and us to look at, touch, and taste.

Gayla asked Dolly if she had brought an appointment book she had recommended she use to write down her activities at the CFRP center. Dolly said she would get one for her; and that it was a good idea for her to keep track of her appointments and meetings as well as to "write things down--keep a record" of incidents. For example, the housing manager said it had been reported that she had done something against the rules. A report had been turned in while Gayla was at a Policy Council meeting and she said she had too many meetings lately to keep track of them. While they were talking, the children turned up the TV very loud, but the advocate and their mother just continued their conversation.

Gayla then asked how long it would take to get water piped in to her mother's new house, which Dolly had located for her. The advocate said it depended on who was doing the work, and how they "stay on the job." They also talked about Gayla's desire to go to the CFRP convention in Los Angeles, although she was not sure if she could--two other parents had been scheduled to go, as announced by the director in the Parent Education session that day. The visit then ended, and the whole family walked out to the car with us. Gayla's mother met and talked with six-year-old Clint, who was coming in from school, and Jamie began a conversation with me, while his mother and the advocate said their good-byes. His interest in talking and curiosity about my car revealed his growth since our earlier visits over the last several months, when he had been a quiet toddler dependent on his pacifier. The advocate and Jamie's mother ended their conversation, and she discussed with me her chronic housing problem--break-ins to her apartment. Dolly said there are plans to build a park behind the apartments but Gayla doubted this would happen. We left the family after a final good-bye, since this was my last visit with them.

As seen in this visit, some modeling takes place in the activities conducted for children. However, the idea that the mother should imitate these with the child is usually implicit, and family workers differ in the degree to which they involve particular parents in these activities. An example of active observation by a parent occurred during a nutrition activity conducted by Jerrie in the home of Marie, who furnished bowls and a table to make unbaked cookies with peanut butter, rice krispies, and corn syrup. Virgil, a devoted Head Start participant, joined in actively. His younger brother Damon followed suit, and their mother brought in the baby, Steven, to watch from his high chair. She and the family advocate are similar in age and background, and talked as friends during this visit, exchanging cooking ideas and information about the boys' interest, such as Virgil's eagerness to cook Pop-Tarts in the toaster each day. Marie watched as Jerrie showed the boys nutrition pictures and led them through the activity, asking questions and making comments but not actually participating. Another mother, Ruby, by contrast, joined in the actual mixing of the cookies led by her advocate, Janie, for her and two-year-old Clarence. However, Ruby did not speak much, except to say "don't, boy," when Clarence reached for the box of cereal as Janie was trying to get him to join in and to talk. Clarence responded by watching and making a few whining sounds.

Most children observed on home visits looked forward to seeing their family advocate with enthusiasm. Mae Sheryl, the school-age daughter of Clarissa, was especially eager to see Jerrie, running out to greet both her and me when we arrived, assisting with energy in cutting up fruits for the nutrition activity, and drawing and coloring her pictures with skill. Virgil, oldest son of Marie, was similarly enthusiastic in joining in activities and reporting his experiences at Head Start. Younger children, though less verbal, often warmed up to their family advocate, trying to play with diagnostic toys, and reacting with delight to attention given to them--such as the hugs and teasing given to Clarence and Joey White and Cassidy Murphy by their workers.

In home visits, some differences in approach of the family worker are noticeable, as most advocates combine the roles of professional and friend. The balance differs among advocates, as well as across their families, and with each family over a period of time. For example, in Jerrie's visit to Marie and her sons, the approach combined the roles of friend and professional more or less equally. In contrast, in a nutrition activity with Clarissa and her five children, and a visit to Sally in which she demonstrated some preschool educational materials for her and Marty, Jerrie revealed more emphasis on the professional role of teacher. She demonstrated to Clarissa's children how to make a fruit salad, and involved all except two-year-old Corinna, while she and her mother observed quietly. To Sally she explained how to use the shoe and the books she had made for Marty to trace his letters and numbers, to help him "develop his fine skills for school readiness."

This latter visit offered an interesting contrast to one with Sally by her former advocate, Cathryn. Although both workers covered both social service and child development areas in their visits--they dealt initially with financial problems of the family--Cathryn's emphasis was more on the friend and informal counselor role. During a visit with Sally in December, Cathryn discussed with her the problems of a recent misunderstanding with the welfare worker, and advised her how to apply for assistance in paying utility bills, while Marty played in and out of the house with his friend. The advocate showed him and his mother a growth chart to measure his height, and pictures on nutrition, cleanliness, exercise, and sleep. Sally asked him to tell her about the pictures, and he responded well. She talked with Cathryn about her older sister's offer to keep Darlene. The advocate advised her that Darlene could stay with her aunt on weekends, saying this was best and comparing the situation with her own childhood experience. Sally then recalled how she had missed her sons when they spent some time overseas with their father. She said she was thinking of getting a "Big Sister" for Darlene, and the advocate suggested the boys might need a "Big Brother." This example shows how Cathryn's background experience in counseling was related to the warm, informal way she conversed with parents and suggested alternative solutions to problems they raised.

Relations Between Advocates and Families

A balance between the friend and teacher/counselor roles may be ideal for family advocates, although this balance may be hard to achieve and one role may work better with some families than with others. In particular, some parents may drift away from a worker who defines her or his role as teacher, without also relating to the parent as a friend. This is hard to evaluate on a small sample but is a possible explanation for the decrease in participation of certain parents. On the other hand, use of the friend and counselor roles to the exclusion of teaching may mean less rapid progress in the area of child development. This is a dilemma resolved by each worker in his or her own way. Workers are usually not accompanied by their supervisor, and are responsible for initiating discussion of problems they are trying to solve.

Most family advocates try to build up rapport by offering program services and activities while minimizing disruption of family situations. For example, few questions not directly related to the well-being of children are asked, and services are suggested but left to the parents' choice. Occasionally, a problem within a family may lead to reassignment to a different worker. For example, in the case of an accidental injury to a child after their worker had warned the family of this possibility, the mother was able to relate better to another advocate who had not been involved in this situation. Families may also be given a different advocate if they have temporarily dropped out of the program and then return.

With a few exceptions, most of the family advocates are matched with parents in age, ethnicity and sex. Since a majority of parents and family workers (in this study) are black women, few differences occur in these areas. Families seemed to be assigned to the male worker on a random basis, although one of his parents was a father separated from his wife. While sex of worker and parent was not an obvious issue, it is possible that, for a few mothers, changing relationships and problems with an ex-husband or boyfriend could make their relationship with a male worker more distant. Yet the children that were observed welcomed this worker and enjoyed his visits, and rapport with families in routine situations seemed close.

Frequency of Home Visits

Home visits are actually scheduled according both to the needs of the family and the availability of each family advocate. Workers draw up a calendar each month and submit it to the Family Advocate Supervisor. Although these are planned around twice-monthly visits to families with P-3 children and quarterly visits to those with Head Start children, visits are often cancelled by families themselves due to such events as trips to the doctor or dentist, school enrollment and projects, or illness of a child who needs rest at home. Some families have a regularly scheduled day of the week; others are visited according to need during a particular month. The scheduling and frequency of home visits is related to the attempt to maintain relations with families, and family advocates attempt to accommodate variation in circumstances, such as illness of other relatives, or employment of parents. Most visits are carried out during regular working hours, although sometimes telephone calls are substituted. One mother (Brenda) began coming to the center to see her advocate during her off hours, after starting a new job.

Other reasons for postponement of visits are: moving and relocation of families, particularly from Spencer into Oklahoma City (Sarah); new working hours of mothers (Brenda and Sarah); and temporary stay of children in the home of their father (Sally) or with other relatives. On the whole, family advocates work hard to maintain contact and rapport with the people they serve, both parents and children, and are sensitive to situations in which a visit might lessen this rapport. For example, when one young mother (Sarah) moved in with a friend in an apartment in the city, the worker waited about a month until she was settled and visits were cleared with her friend. This was necessary before I could accompany the advocate, and my presence may have influenced this delay.

In addition, visits may be postponed due to illness of family workers or problems with their cars. Most own used cars which require constant maintenance due to the distances they travel in their work, and they must pay for repairs out of their modest salaries. Before the resumption of CFRP bus service in January, family advocates assumed responsibility for transporting families to needed services, and still do so when necessary.

An interesting role-reversal or example of reciprocity occurred when a CFRP mother picked up her family advocate on her way to the CAP party for the visit of the national director and retirement from CAP of CFRP's supervisor. The family advocate had a flat tire, and another worker said, when I commented on her being given a ride--"It works both ways." In another case, after an appointment had been made with Sarah for our first visit, her advocate's car broke down and had to be repaired while she was on her way to meet me. After our visit, she had to return to the garage for more permanent repairs. Transportation is an important problem for both families and staff.

Scheduling of home visits is also affected by activities in which family advocates are required by CAP to participate, such as workshops on nutrition and child abuse, or training in conducting eye screenings for CFRP children. These are essential since the CAP consultants in special areas are located in the downtown office, and family workers themselves carry out all home visit activities. A meeting with or visit to the Spencer Center by CAP staff may delay home visits, as may scheduling by CAP of an activity which takes first priority for several weeks, such as health screenings for all CFRP children conducted in January and February this year.

The following summary of number of home visits to parents in this study is based on those I observed with family advocates, and those they reported (checked with each family's records). It does not include transportation of families to medical or social service appointments, attempted visits, or trips to homes of families without telephones to schedule actual visits with them. Nor does it include visits made by parents to advocates at the center, or telephone visits (calls by advocates to parents), since I could not observe all of them.

The number of home visits families received during the course of the study ranged from one to four. Gayla was visited four times: once in November and again in February (by her advocate during that time), and twice in March (by her new advocate). Sally, Brenda, and Marie each received three home visits during the six-month study. Sally was visited in December (by her advocate at that time), in January by the School Linkage Coordinator who filled in for the advocate who was ill, and again in March by her new advocate.

Home visits to Brenda were made in October by her advocate at that time and twice in March by her new advocate. Marie received three visits by the same advocate--one each in November, February, and March.

Two families--Clarissa and Ruby--were visited twice. Clarissa's home visits occurred in November and December. Ruby was visited in November by her advocate and again in March when the P-3 specialist accompanied the advocate on the visit. The remaining four families--most classified by advocates as low participants at the time they were recruited for the study--were visited only once. Sarah's visit took place in December; Liza's family was visited in March when she was in the hospital; Yvonne saw her advocate in March before she moved out of town; and Eileen had a visit in January after she briefly reentered the program.

It should be remembered that these families entered the study at different times. Brenda and Yvonne in October; Gayla, Marie, Ruby, and Clarissa in November; Liza, Sally, and Sarah in December; and Eileen in January. Also, most home visits for all families and advocates were postponed in January and February, due to health screenings.

Social Services and Child Development

As mentioned above, family advocates often act as liaisons with the Welfare Department and Housing Authority, in cases of eligibility problems with financial assistance, housing, failure to receive checks, or need for emergency food funds. These are the areas with which families are least able to cope on their own--but also ones for which CFRP staff can effect only occasional changes in access patterns. One parent whose family advocate had referred her for several months to a rental assistance program finally took a job in order to get out of public housing and find a new home on her own. Another was still waiting for rental assistance at the end of March, after her first application had been "lost" several months earlier.

Some family advocates act more directly in the advocacy role than do others. In the case of rental assistance, one advocate told the worker with the family whose application had been lost to call the agency responsible and urge their staff to act on the problem, as she had done in another case. In other situations, some staff expect families to be more independent. For example, a CFRP parent, who is herself on the board of the Native American Center in the city, asked CFRP to help her pay her bill for day care since she could not save enough out of her own salary. Two family advocates discussed this request and agreed that the parent "must know more resources than we do" and that "some of these families go from one agency to another." They also agreed that CFRP should focus more on child development and let families know this is their primary role. This discussion followed a staff meeting on the topic of strengthening this focus.

Some of the families studied seem to view the program mainly as a means to meet basic needs, and use its activities for child development only secondarily. However, the program places limits on the extent to which this can be done, and the Director has recently stressed the need to emphasize child development. Differences in staff views of the advocacy role may be related to differing philosophies on the causes and solutions of families' poverty situations: that "the system" is responsible or that families should "help themselves." Most staff fall in between these two poles and try to meet requests for help, within program guidelines.

Most CFRP families have needs similar to those of families with more personal resources, and many have aspirations to improve their situations but have been able to make only occasional progress toward their goals. The causes of their different use of community resources lie both in their own differing backgrounds and experiences and in the social situations in which they are living.

Both emotional support and practical assistance were needed by a mother who has been in the program for several years when Joey was born to Ruby White in December. The family had just been assisted in their move into a new apartment after their previous one had been burned out, and their food stamps did not arrive on time. The family advocate helped them through this crisis and took Ruby to the hospital for her delivery, remaining with her when her high blood pressure increased her difficulties. Several weeks later she brought Ruby and Joey, with Clarence, to the Christmas party, where they were welcomed by both mothers and center staff.

The extent to which most families increase in independence of such services is hard to measure. Some services are needed only occasionally, such as help in obtaining furniture when they move, or legal advice. One service which would help to increase the overall independence of families is day care--but no comprehensive center is in operation in Spencer, and use of Oklahoma City day care centers is determined by guidelines set by the Welfare Department.

For those families who have been in the program for several years--Ruby, Clarissa, Sally, Eileen, and Gayla--practical needs have remained pressing. Ruby was still quite dependent on the program for help with basic needs. However, she did recently walk from her apartment in Spencer to the Mary Mahoney Clinic for a check-up (she does not drive). Clarissa began taking her children for check-ups on her own, and apparently dropped out of contact with the program. Eileen also has dropped out; Gayla took a job when her mother was available to care for her children, and she decided she would have to solve her housing problem on her own. It cannot be determined at this point, however, whether these changes are permanent; the records of several families indicate cycles of parents' need and use of basic services through CFRP. Sally's record illustrates this, although she is eager to become more independent through a better job.

The same is generally true of those parents in the program for a shorter time--Marie, Yvonne, Liza, Brenda, and Sarah. They, too, have gone through periods of greater and lesser dependence on CFRP for basic services. Though practical needs are quite pressing, they depend on the program and on other supports (including friends and kin) to different degrees, at different times. (Yvonne and Liza have dropped out, and this may be permanent for Yvonne.)

In general, family advocates can devote more time to parenting and child development when parents are not experiencing financial or medical crises. Yet a development toward increasing focus on parenting and child development is difficult to detect. For all families in this study, the double bind of a single mother with low income constantly limits the degree to which parenting and child development issues take precedence over basic needs. Those mothers who express these as concerns most often seem to be those with more personal interest in them, through family, friendships, and educational (or other) experiences. Family advocates reinforce this interest, and contribute to its growth.

One Family Advocate's Routine

During an average week, Rickie spends an hour or two in a staff meeting to discuss administrative procedures and problems on Monday morning, two hours reviewing families to present for reassessment, and two or three hours in a reassessment staff meeting on Friday morning. Rickie may attend a center activity on Tuesday or Thursday for one or two hours, and go "downtown" to the CAP office for two hours on Friday afternoon. Perhaps as often as once a month, she may participate in a three-hour CAP meeting or party, or a training workshop outside of the center, lasting from a few hours to two or more days.

On a day when no meetings or workshops are scheduled, Rickie spends an hour or two scheduling home vistis, depending on whether she can do this by telephone or has to go to the home of a family. Rickie may then spend an hour traveling to and from an appointment with a family, which the parent cancels at the last minute; an hour planning home visit activities, and two-and-a-half hours making two scheduled visits--one in the home of a family, and one to accompany a parent and child to an appointment with the doctor or dentist. About half an hour may be spent recording these activities after the visits, and about an hour at lunch at a drive-in restaurant--either on the way to meet a family or with other advocates after working at the center before the visits. The remaining time--usually between trips to meet families--Rickie is occupied in making telephone calls to refer parents to social services with which they have requested help and in discussing experiences with other advocates and Community Center workers.

5.4.2 Center Activities

P-3 Activities: TIPS and Parents

Families with children in the P-3 age group are invited and encouraged to attend Toddler-Infant-Parent Sessions (TIPS) and P-3 Discussion Groups. A meeting is scheduled every two weeks; parents themselves are supposed to meet and plan themes for TIPS, although only Spencer parents did so last fall. Sessions were scheduled to meet on alternate weeks in Spencer and in Oklahoma City, but only Spencer meetings actually took place. These included a total of four TIPS: two Christmas parties (one at the Spencer Center and one at Rogers Middle School, on the same day), and two discussion sessions for P-3 parents, during the ethnographic study.

TIPS is usually planned around holiday themes. Before the Christmas parties, there was a Halloween treat-bag and mask-making activity, with four mothers and nine children, at which the TIPS Coordinator carved a jack-o-lantern, and lots were drawn for one child to take it home. In December, 41 of the 50 children who could be invited--and their parents--met Santa at the school and collected their toys (six families got toys at the CFRP center), while enjoying sweets and being serenaded with carols by high shool students. Their reactions were recorded on film by Verna Kendall and Jeffrey Carter. The November TIPS was planned around making Thanksgiving decorations, but had to be cancelled because of the Head Start bake sales, and a January session was cancelled due to an ice storm. More recently, the TIPS Coordinator and P-3 Specialist, Verna Kendall, held a joint parent-child session and luncheon for both city and county (Spencer) parents in March, and an Easter egg hunt in April (after the ethnographic study). For this, each parent was asked to dye and bring a dozen eggs to be hidden, and each took home another dozen. Verna reported that there were 23 "babies" (children) coming and, "when I see all those little darlings coming, I know I'll be tired, but I'll feel good!"

The general purpose of TIPS is to give parents and children an opportunity to interact in a group setting, while learning to make things of interest to preschool children. These activities are usually planned for all children to participate, although toys are also available for children who want to play with them, and the infant room is open for younger siblings to be rocked or put down to sleep.

For the March session, which the national CFRP Director attended, the P-3 room was divided into interest areas: blocks, musical instruments (xylophones and rhythm sticks), table games, housekeeping toys, and library materials (pictures to color, crayons). Two parents who had been trained in 1979 as P-3 aides sat with some families or mingled in the room, and were available to give advice when requested, while the TIPS Coordinator was preparing the substantial luncheon in the central kitchen. After some initial urging from the leader, most mothers played with their children at various areas, or looked on while they explored and interacted with other children. Two family advocates helped out, especially in holding and rocking the infants, who were to be given visual exercises in the infant room, with objects held in front of them. Parents with both toddlers and infants had to divide their time between the two.

Most of these TIPS are attended by a small, but fairly regular core of Spencer mothers. Although Sarah had said earlier, "I don't know what they do [at TIPS]," she attended this session and served as a P-3 aide, since she had been trained two years before. This was her first TIPS since she moved into Oklahoma City. A total of 9 mothers and about 12 children participated in the activities and lunch.

As a whole, more emphasis has been placed on the family advocates' roles in child development, through home visit activities. The TIPS Coordinator sees her role partly as an advisor to family advocates. A training program is now in the planning stage, following recent drafting of a schedule of objectives and related activities to be carried out by the TIPS Coordinator, with the CFRP Director and other staff. The proposal has been approved by the Policy Council, and will go to the CAP board. It places emphasis on increasing parent involvement and suggests various types of incentives for this purpose, as well as proposing that family advocates participate in TIPS to provide modeling for parents. Implementing these objectives would increase the effectiveness of the current child development program.

The proposal also recommends adoption of a P-3 curriculum by August 1981 and parent workshops on learning activities for children.

For those parents attending TIPS and P-3 Discussion Groups, the center activities provide a chance for interaction with each other--as well as opportunities and suggestions for guided recreation with their children. Some mothers, such as Brenda, who attended the March session--her first--find comparing their situations with those of their friends and acquaintances a valuable means of support. During the activity, the leader instructed her to interact with her baby, and Brenda--who had asked, "What do they do [at TIPS]?"--did so. She also talked with other mothers about their employment plans. She later said she realized she should come to the sessions, "for Maynard's sake." Other parents, like Gayla, who regularly attends most center activities, look forward to a familiar group in which they can join with their friends and learn new ways to teach their children.

In addition to TIPS for parents and children, the P-3 Specialist has also organized P-3 Discussion Groups for parents, to alternate with TIPS. This spring the social psychologist consultant, Tom Nolan, a black single father of two teenagers, led discussions on transactional analysis (interpersonal relationships) and stress, demonstrating exercises for tension release for parents. During the first of these meetings, attended by a total of ten parents in February, several mothers responded to his questions on what they wanted to discuss by listing such topics as: communicating the word "no" to children; having patience and helping children to understand parents as people; understanding children's feelings; and dealing with children's temper tantrums, cursing and hyperactivity. Other topics, such as budgeting and buying a car, were also raised. However, I did not observe a session in which these suggested topics were directly discussed in depth; they were dealt with mainly indirectly, by advice on trying to understand people and adjust to situations. Mr. Nolan said, "Children are people, too" and "Try to work as a unit." This group leader was the same consultant asked by the School Linkage Coordinator to conduct discussions for her parent education sessions, which also focused on interpersonal relationships and coping with stress. All participants relaxed at the end of the first session, through the deep-breathing exercises he led.

A second P-3 Discussion Group conducted in March by Tom Nolan at the Spencer Center was attended by only about three parents (none of whom are in this study) because, according to Verna Kendall, "It's the day after they get their welfare checks." The P-3 Specialist cooked and served lunch for the participants, and reported that the plan for the future was to have parents meet together with their children for an hour, then spend an hour with the consultant. These programs would end with a nutrition activity and lunch, and the leader was planning nutrition menus to distribute to parents in addition to making up patterns for coloring activities that family advocates could use on home visits. The extent to which planned nutritional activities can be carried out depends on construction of needed facilities--or on the future location of the center itself.

School Linkage Parents: Discussions and Recreation

School Linkage Sessions--center activities for parents of school-age children--include both discussion groups on topics of common interest, led by consultants, and recreation sessions held at the Minnis Lakeview Park. Both groups are organized by Joanne Bradley, the School Linkage Coordinator, whose policy is "If they want to come, I let them." Thus, some parents with only younger children can attend, if they have a special interest in doing so. Discussion sessions are planned to meet every other week, alternating with recreation sessions.

During the fall, discussion groups met in the evening and were led by Dr. Barbara Roberts, a black psychologist at the VA Hospital. After an initial meeting, these focused on serious problems parents might encounter--suicide and child abuse--as well as on common relationships and situations--for example, step-parents. At the session on suicide at the end of October, attended by six mothers, Dr. Roberts gave a presentation on the extent of the problem in the U.S., emphasizing the rising percentage of adolescents and young adults, and the number of young black men, involved. She discussed the relationships of family to stress factors, and feelings of powerlessness, confusion, and depression and the use of alcohol and drugs. During and after this presentation, Ida (the CFRP parent who later became active in the Policy Council) and another mother who had served as Policy Council president, talked extensively about their own family problems, while Ida's family advocate and other mothers listened. Ida expressed her general feelings of hostility and fear of other people and theirs toward her, and her need for religion to enable her to stop "fighting outside people." She said she had also discussed this at her parent training class at the counseling center.

Dr. Roberts gently guided the discussion back to the topic, aided by the other mother who told of her own mother's attempt at suicide after her father's death, and her adolescent son's mental disturbance and symptoms which eventually were diagnosed as brain damage. She also reported her own feelings that she couldn't cope, and spoke of the doctor who had examined her son and written on his chart, "Dear God, how can I help this boy who has so many problems?"--interjecting comments about the lack of adequate care and facilities in Oklahoma, which led her eventually to take her son to the mental hospital. When she brought up the recent suicide of the son of actress Mary Tyler Moore, other mothers in the group responded, and a brief discussion ensued before the meeting ended with snacks, served by Joanne Bradley. The mothers' children then came in from another room, after Joanne announced the next session--child abuse--to be held the following month. Later she reported that the mothers attending this requested a subsequent session on parent abuse.

For the January evening session on step-parents, attended by five mothers and two family advocates, Dr. Roberts' presentation was more in the style of an open discussion with the group on common problems, and several times participants chorused agreement in response to points. This group, like the one described previously, was divided into "talkers" and "listeners"--and the former policy council president again told of her own family relationships and those of her children and step-children. Sally, a parent in this study, joined in with discussion of her step-mother and her children's responses to their fathers. The discussion then turned to problems of living on welfare, and then to embarrassing questions asked by welfare workers about relationships with children's fathers--to which several other mothers responded emphatically. Clarissa was also present, but mostly listened. After having evaluation forms on Dr. Roberts' sessions filled out by participants, Joanne Bradley served pizza and applesauce, and mothers and children mingled with staff (including the program director) and the speaker. This professional woman and mother was generally well received by the group, and she listened with respect and understanding to their experiences and problems.

The spring discussion sessions, led by social psychologist consultant Tom Nolan, were designed specifically to enhance assertiveness of welfare parents, according to Joanne Bradley. These morning meetings were held as open discussions, and Mr. Nolan encouraged feedback from all participants--which may also have increased because one of the more vocal parents did not attend. The February meeting on stress coincided with a Policy Council meeting that morning which Gayla attended; the only parent in this study present at the discussion session was Clarissa. She, several other mothers, and a family advocate listened as the speaker defined stress in physiological terms and related it to the "fight or flight" response. Then Mr. Nolan suggested that humans can adapt by leaving or changing situations; and effects of learning responses from parents, teachers, and peers were discussed.

When the speaker began comparing personal interactions to a game or sport, and asked, "How do you feel when you lose?", several mothers responded; Clarissa answered, "You want to get revenge." Mr. Nolan guided the discussion toward causes of stress, such as job dissatisfaction, and love and disillusionment. After noting that stress can be positive or negative, he drew a chart on the blackboard, showing the relationship of self-knowledge to what other people see in a person, and one's own blind spots and need to improve such skills as concentration and relaxation. The meeting ended with a snack, served by Joanne, after the relaxation breathing exercise, which was quite effective.

Following an introduction to parent effectiveness for school linkage parents in early March, to which both Sally and Gayla came, the next session held two weeks later focused on transactional analysis--interpersonal relationships. Seven women attended (six of them mothers), including Gayla, who brought Jamie to the center, and three sisters (two living in Spencer, and one in New York). Mr. Nolan introduced the importance of having faith in oneself, and reviewed causes of stress, relating them to the idea that "We can't control what happens to us, but we can control how we react to it." He also emphasized that we can like ourselves, even with faults, and that everyone sees things differently. When asked, "What do you do when somebody wants to kill you?" he did not give a direct answer, but turned the talk to discussion of "social perception"--to which another parent raised the problem of "why other people don't speak to me." When the speaker asked the group how they knew something is right or wrong, they responded, "because you think it's wrong" or "somebody tells you it's wrong."

These discussions sometimes stimulated recognition of common situations or problems, such as dealing with the manager of the housing project where several mothers lived. They said she reported their personal activities to the authorities and used some incorrect reports to threaten them with eviction. Thus a common problem was brought out in the open, and one of the participants, a mother in this study, realized that she was not the only one troubled by such occcurrences. The group leader was not able to offer a concrete solution, but advised the women to try to live with the situation. The family advocate who worked with the mother in this study had advised her to solve the problem through the tenants' group, and to document all incidents. The meeting ended after the CFRP Director announced the two parents who would attend the CFRP convention, and a family advocate served hot dogs and Kool-Aid. As the speaker left, he passed around a brochure of the workshop he was planning to conduct in Detroit, on the black female manager. This same speaker had led a staff development session for CFRP staff on stress.

While differing in focus, both the fall and spring series seemed to stimulate recognition of common problems and the feeling that "I'm not the only one with a problem." They also acted as catalysts for expressions of frustration, serving as means of tension release, and furnished suggestions for coping with problems--either directly or through the example given by others. A total of about eight discussion sessions were held from October through March, and the time was changed to accommodate the schedules of both working and nonworking parents. April sessions were planned around parent-child interactions and conflicts.

Recreational classes are also held for school linkage parents, beginning with macrame in the fall, followed by ceramics. Woodworking was begun in the spring, and exercise classes are now being introduced--all held at Minnis Lakeview Park near the Spencer Center. Three mothers in this study--Gayla, Dolly, and Clarissa--attended and enjoyed these sessions, although one city parent (Clarissa) was unable to continue because she didn't have transportation. Both the recreational meetings and discussion sessions give participants an opportunity to get out of the house and meet people, in groups of adults. While a minority of parents in the program attend them regularly, they serve an important social and support function for those who do, and children are supervised by center staff for them. Parents themselves selected the majority of these activities. The School Linkage Coordinator is interested in meeting the request of four parents for an adult education class series, if an instructor can be found.

Parents and Participation in Center Activities

The frequency with which families visit the center varies, but is higher for Spencer families. Those with children attending the City-County Head Start program there, and who also have P-3 children enrolled in CFRP, often stop in to visit informally with their family advocates and the Family Advocate Supervisor, Sandra Shaw, in their offices, as well as with the secretary-receptionist. A relatively small number come to most center activities, including the regular School Linkage Sessions and the less frequent TIPS. Some prefer to participate in one or the other type of activity, or find one more convenient than another because of the necessity to stay home and watch their children and/or property. For example, Gayle, very active in daytime activites, did not attend those held in the evening, and reported she felt uneasy leaving her apartment because of frequent break-ins.

Of the ten parents in this study, two (Yvonne and Liza) attended no center activities in this time period. Another low-participating parent, Eileen, attended one TIPS and the Christmas parties, before being assigned a new home visitor. Gayla, Sally, Clarissa, and Ruby all attended at least one Christmas party, although Sally had to work during the party at the school. Gayla also attended two P-3 Discussion Groups, and School Linkage Sessions--

two discussion sessions, in addition to recreational classes. Sally attended two discussion sessions and some recreational classes, and Clarissa came to three discussions sessions and two ceramics classes--but neither attended any P-3 Discussion Groups. Ruby came to two P-3 Discussion Groups and the school Christmas party, but no School Linkage Sessions, even though her oldest son is in the second grade. (These are the parents who were relatively high participants in the overall program.) When asked about TIPS, Clarissa said "I heard they weren't going to meet this year"--referring to the sessions in the city, which did not meet.

Of the parents in the middle range in program participation, none have school-age children. Brenda came to one TIPS; Sarah, to the Christmas party at the school and one TIPS; and Marie, only to the Christmas party at the school.

In general, CFRP families are served by family advocates whether or not they attend center sessions. Although active attendance seems to be related to length of time and overall involvement of individual parents with the program, there are exceptions to this. Some families apparently receive services from CFRP for several years while seldom participating in center activities, except perhaps for Head Start attendance of eligible children. Services are available to all who need and can utilize them.

As indicated earlier, few fathers participate in center activities, largely because the majority of CFRP's parents are AFDC recipients. I did not observe any fathers, except for the new president of the Policy Council, a single father with two small children who visits Head Start centers as part of his job with CAP. According to center staff, another single father formerly participated in School Linkage Sessions but dropped out and became inactive in the program. This may have been related to his changing economic situation, due to which his children were temporarily placed in the custody of the state. Still another father, the husband of a CFRP mother, also had come to ceramics classes but did not continue to attend center activities after these ended. Thus, program activities reflect the general orientation of the program toward mothers and their children, even more so in center activities than in home visits. No parents or staff expressed either direct positive or negative feelings about this to me--the mother-and-child focus of center activities is apparently accepted as fitting the needs of the majority of families served.

5.5 A CFRP Family--Profile and Process

The process of being in CFRP is most vividly seen in the lives of individual families--which are more varied, and more interesting, than a fictional story can be. Here is a profile of a composite family, with portions of several actual lives combined, drawn from different CFRP parents and children. No one real family is typical of every one served by CFRP--yet each is part of the total context in which they live and in which the program operates. Through the profile of Melba and her family, parts of this context and process are portrayed.

> Melba Lewis, age 26, and children: Cindy Diane, age 7; Ronnie, age 4; and Gerald, age 2 1/2.

Melba and her family entered CFRP three years ago--one year before her divorce. When she heard about the program through a friend who works at the Center, Melba came to ask for help with applying for food stamps, and to get referrals to job training for herself and her husband. Tom had been working as a self-employed carpenter, but his earnings were too irregular to support the family. The small farm in which they had invested in Spencer produced only enough for occasional sales of vegetables.

When the family entered the program, their basic needs were assessed, and they were assisted in getting food stamps. Both Melba and Tom were referred to the Occupational Skills Center. Their strengths and needs as a family were also assessed, and the family advocate noted that Tom was a gentle father, while Melba was more "commanding" with Cindy Diane (then aged four), and Ronnie (aged one year). She was at home with the children during the day, except when she could find babysitting jobs and Tom was available to care for Cindy and Ronnie. Melba said during the interview that she wanted Cindy to enroll in Head Start; Peggy, the family advocate, helped her with this. Melba's parenting skills were observed and rated as good in the areas of giving the children direction and teaching them; the advocate noted that her patience in letting them explore their enviroment could be improved. The children received their health screening and immunizations and regular home visits were begun.

During this first year in the program, the family asked for and received assistance with repairs on their small house, through local church groups with which CFRP made contact. However, they could not afford to add a room to expand their bungalow for the children, as they wanted. Melba became pregnant with their third child, but brought Cindy to Head Start, and Ronnie to TIPS sessions, when she could get a ride with a friend or CFRP could send its bus. She looked forward to these meetings with other mothers, and Ronnie enjoyed playing with the toys in the P-3 room. With other children his age, he became more outgoing, and began to learn to talk and to explore new activities. Melba and Tom began attending classes at the skills center, but were not able to complete their training since they felt they needed immediate work and the program would take too long.

After Gerald's birth, the couple began having serious marital problems. Tom was laid off from the job he had found as a carpenter, and their farm became too much for him to handle. They were referred to marital counseling by CFRP, but decided to separate. Tom moved out, and Melba began looking for work. Her mother helped her and the children, and they continued coming to the center for a short time. Gerald, a quiet baby, responded well to the visits which Peggy made. His older brother, Ronnie, enjoyed the coloring and picture identification activities which Peggy brought, and earned a good score on most of his Denver Test exercises. Cindy was active in her Head Start classes and became quite attached to Peggy. Melba applied to be a P-3 aide, at the center, but did not have a car at that time, as required.

When Melba's mother remarried and moved into Oklahoma City, Melba decided to move, too, and found work at a day care center there. She asked CFRP for help in getting more furniture for the apartment she had found, and Peggy was able to get a sofa and table for her through the Urban Ministry. After starting her job, Melba was not able to bring Ronnie and Gerald to TIPS in the mornings, but came to a few of the evening discussion sessions for school linkage parents when Cindy Diane entered school. Melba liked the speaker at the sessions and said, "Yes, she's a nice lady--you can talk to her"--a feeling several of the other participants shared. However, she felt shy about expressing her own feelings in the group, and did not want her friends to know all of her personal problems. She did begin to realize that they had similar problems and that hers were not unusual. Peggy continued to visit the family, and Cindy and Ronnie learned some kitchen skills through the nutrition activities she brought--as well as having fun with the soft mixture of cereal and syrup they helped make, for cookies. Ronnie was enrolled in the Good Neighbor Head Start Center, with Peggy's help, and began receiving speech therapy when it was discovered that he was confusing some sounds. Gerald was learning to talk more, and responding to friends and adults.

Recently, Melba had to stop working because her mother, who lives a few miles away, had been ill and could no longer take care of Ronnie and Gerald. Also, Melba was no longer able to get rides to the day care center and the bus schedule was inconvenient. She dropped out of the CFRP program for a few months and took the children to Kansas to stay with a friend. When she returned, she realized she would have to go on welfare; Tom had not been able to help much financially even though he saw the children often and talked about getting back together with the family. Melba called CFRP again and was given a new family advocate, Suzanne, who helped her apply for welfare, and for an apartment in a housing project in the city. She did not want to move into public housing, but she felt better after she visited a friend she had worked with who had lived there. Suzanne began visiting the family while they were staying temporarily with Melba's cousin, and helped them plan their move. The children looked forward to her visits, and Melba felt she could ask her for advice and continue to call on CFRP for help when she needed to. She was grateful for the help she received in the past, and said "I don't know what we would have done without it--I never would have made it without that support for me and my kids." Suzanne set up a twice-monthly visit schedule, but sometimes visits were cancelled, and the home where the family was staying had no telephone. She began dropping by to bring health forms or take the children to the doctor.

When we visited them in her cousin's home last week, Melba was busy sorting out the children's things with the help of her friend and getting ready to move into the housing project. Pictures of both families (Melba's and her cousin's) were prominent, covering a living-room wall, with a larger color portrait of Gerald over the TV set. Melba and her friend were watching the morning soap opera and talking about the housing project, where the friend once lived. Gerald was "helping" by running around and picking up toys he had forgotten, making the women's tasks more challenging. Ronnie came home from the Head Start class and ran to his mother to show her the "book" he had made from construction paper. Suzanne smiled and hugged him, too, asking him what he had done that day and taking a genuine interest in his reply. She had planned to give Gerald his Denver evaluation test but decided to postpone it until the family was settled in their new residence. Instead she showed Melba and the children some pictures they could color for Easter, and went over the health forms to check on the childrens' immunizations, making arrangements to take them to the dentist.

Melba declined the crayons the family advocate offered to leave her. She wants to keep her home looking neat (especially since this is a criterion for living in public housing), and discourages the children from using crayons at home. She is proud of their skills, however, such as Ronnie's ability to empty the trash, and Cindy's accomplishments in school. One of her goals is to be able to help Cindy with her schoolwork, and her family advocate suggested that she study Cindy's new math workbooks. Suzanne also mentioned that Melba could collect books and dictionaries discarded from libraries, to read and use for reference and building her own vocabulary. (The School Linkage Coordinator has tried to get Melba to attend some of Cindy's school classes, on days when other parents are invited, but Melba was unable to do so while she was working, and has not been able to go since her return from Kansas.)

Cindy, a quick, bright little girl, is entering the second grade and likes school, though she finds it hard to sit still. She is always eager to see her family advocate, and to do the activities she brings with her. Cindy helps her mother watch Gerald, who is growing and moving farther and faster every day. Four-year-old Ronnie, the middle child, likes Head Start, and has no trouble joining in the coloring and object recognition exercises Suzanne brings. Sometimes his friend, Terrell, is there during the visits, and the two boys do the activities together--with Gerald trying to imitate them. Ronnie still confuses a few sounds but his speech has improved, and his mother has been working with him on speaking exercises.

The relationship between Suzanne and the family is fairly close, although Melba is often concerned with immediate problems and finds it hard to concentrate on some of the planned activities Suzanne brings her to do with the children. She has asked her for advice on toilet-training Gerald, and says the pamphlets she brought her were helpful, but feels she needs more help on problems of disciplining Ronnie, who occasionally has temper tantrums.

In talking with her, Melba's goals become apparent--she is frustrated with her situation and wants to return to school, but feels she must care for her children. She is sometimes impatient with them and asked Suzanne if she didn't think Cindy should be able to cook breakfast for the family and wash the dishes; the worker reassured her that Cindy could learn this later. Melba interacts directly with the children, is affectionate with them and responds to them when they want her attention, though she seldom initiates conversation with them. Occasionally she needs time to herself and sends Ronnie and Cindy off to their friends' house to play in the afternoons. She is close to her cousin and a few friends, and to her sister and her children in Spencer, whom they visit as often as they can. Recently Melba's youngest nephew, the same age as Ronnie, was injured when he turned over a pot of water boiling on the stove, and had to be hospitalized for several weeks. Melba was very upset about this and spent more time in Spencer with her sister, staying overnight for several days while leaving her children with her cousin. The sister applied to CFRP for help with transportation to the hospital, and she and her family entered the program.

Melba and her family are trying to become independent, and she uses CFRP as a resource for basic needs only when they cannot get help from friends and relatives. Melba is uncertain what the future holds for them at this point. However, she feels she can "make it" on her own, since she has adjusted to being single, with the help of CFRP. She hopes to be able to get a car but that seems to be a goal which must be postponed. Suzanne has invited her to attend the recreational sessions at Minnis Lakeview Park, and she is especially interested in the exercise classes, to reduce and have some fun with old friends. She misses being a part of the Spencer community, but is making other friends in the city, and feels living there will offer her and her family more opportunities. The resources of CFRP will remain available to her and the children as long as they need and can take advantage of them.

CHAPTER SIX

EVERYTHING TO EVERYBODY

The Child and Family Resource Program in St. Petersburg, Florida

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6.0 EVERYTHING TO EVERYBODY: THE CHILD AND FAMILY RESOURCE PROGRAM IN ST. PETERSBURG

St. Petersburg's CFRP office can be somewhat difficult for a stranger to find. When I got lost during my first attempt, I found myself about 20 blocks away. I was surprised to find that one of the first persons I approached for directions--a young black man--did not recognize the address I gave him, but immediately smiled in recognition when I mentioned CFRP and Head Start.

As I drove to the site, I felt that there was an active community surrounding it. Men, women, and children were out in the continuously warm weather. Empty lots had been equipped with some temporary easy chairs, and some older men gathered there, as well as in front of a community center, on porches, along streets, and in front of stores.

The CFRP office is housed in one room on the second floor of an old public school. Now, Head Start classes occupy the first floor. The building is located within the heart of a black community in St. Petersburg. The two-story structure takes up about two city blocks along a busy interstate highway. The school is surrounded by a large government housing project.

The old schoolhouse has a large fenced sandy playground in the back, furnished with some play equipment. This is where the Head Start children spend their outdoor time. At 3 p.m. each afternoon, the public school bus drops off school-age children at the gates of this yard, so that they may pick up younger brothers and sisters from Head Start and take them to their homes in the projects across the street. In the early evening hours, this playground becomes part of the community. Older children play ball there, and what appears to be a local Boy Scout troop carries out daily practice exercises with the help of an adult leader. Nestled as it is within the neighborhood, the old school building appears upon first impression to have an internal coherence, both for itself and the surrounding community. This may not be apparent, however, to the casual observer who views St. Petersburg as a city for white retirees from the North, tourists, and a suburban middle class.

Inside, the concrete hallways of the building are dark, and extremely cold in winter. The painted areas appear to need a fresh coat. The first floor classrooms, however, are well lit, the walls are decorated in typical classroom fashion, and there is warm activity between the adults and children inside the rooms. The same dark, cold concrete hallways lead to the CFRP office on the second floor. Again, once inside, offices and cubicles of the CFRP staff comprise an interior network where there appears to be a lively work dynamic among individuals who are familiar with each other and comfortable in their roles.

6.1 An Introduction to CFRP in St. Petersburg

6.1.1 Organizational Structure

The Prenatal through Three (P-3) Component of CFRP is the unit that is the primary focus of the formal home-based program and center activities. Families with children under the age of three are to be visited in their homes by their home visitor two times per month. The purpose of these visits is to deliver the planned curriculum in child development to parents of children in this age group. Child assessments are also administered by the home visitors four times per year.

Structurally, it is the home visits as buttressed by center activities that define the essence of CFRP. The pivotal figure in this arrangement is the home visitor. As she interacts as a friend with her families, she also makes known her agency connections. In this way, she brings her families into the social service network in the community as well as providing them with some techniques for improved interaction with their children.

Families with children in Head Start may also be CFRP families. However, the delivery of services is more flexible and not part of the formally planned curriculum that is outlined for the P-3 group. The School Linkage Component, the least defined part of the program, is designed to meet the needs of CFRP families who have children in the public schools. The School Linkage Coordinator functions primarily as a trouble-shooter for CFRP families in the public school system.

6.1.2 The Staff

The CFRP staff unit in St. Petersburg is a relatively small one. It consists of the CFRP Coordinator, four home visitors, the School Linkage Coordinator, a nurse, the Parent Coordinator, the Infant-Toddler Specialist, and a secretary.

The CFRP Coordinator has an office that adjoins the room housing the cubicles for the four home visitors and the School Linkage Coordinator. However, he also has administrative responsibilities that require him to be in Head Start's administrative offices in Largo (a neighboring town) for a major portion of each week.

The CFRP Coordinator has a bachelor's degree in elementary education. In addition, he has completed 40 hours of coursework in supervision and administration, and took about a year of training in administration in early childhood at the University of North Carolina. He has worked with Head Start since 1968. Before becoming the CFRP Coordinator in 1972, he was a Head Start teacher, a Head Start center manager, and then a Head Start director.

He is often supportive of his home visitors, and gives them advice casually when asked. Nonetheless, a laissez-faire philosophy governs at this site. The four home visitors function independently within the very loose administrative framework provided by their supervisor. New rules, plans, or directives are discussed at staff meetings that take place each Tuesday morning.

The four home visitors, then, are the primary functioning unit for CFRP. As a unit they plan the curriculum in child development that is administered to the P-3 group. They are responsible for maintaining contact with each of their families on a regular basis. They administer the quarterly child assessments (Denver Developmental) to each child under three in their caseload. They participate in a monthly assessment team meeting and care for children while their parents attend Parent Study each Thursday morning.

However, these activities are not the only ones that make up the job of a home visitor. One worker jokingly expressed the difficulty of her job this way: "I'm supposed to be everything to everybody, any place and any time." This lack of job definition can be a problem for the workers, but it also allows them the flexibility to relate to a family from its own point of reference.

Of the four home visitors, two are black and two are white. Two are in their thirties and two are over forty. All have children of their own, ranging in age from six years old to adulthood. The educational backgrounds and past work experience of the four home visitors vary, but all have completed high school and all have been with CFRP for a number of years.

Home visitor Eva has completed three years of college work toward a bachelor's degree in sociology. She has been with CFRP for four years. She began working for this program when her children were two and seven years old.

Home visitor Janice has done one-and-one-half years of college work in dietetics. She also has taken approximately two years of college courses in early childhood education. These two years include three classes toward an associate degree in child development. She has been with CFRP for eight years. Prior to this, she worked for Head Start for seven years; first as an aide, then as a teacher's assistant, and finally as a teacher.

Home visitor Stephanie has a bachelor's degree in elementary education (kindergarten through sixth grade). She also has completed 12 hours toward her master's degree in Early Childhood Education. She has worked for CFRP for eight years. Before this, she was a Head Start teacher, and for three years prior to her Head Start years, she taught kindergarten and first grade.

Home visitor Pat has a bachelor's degree in sociology. She is certified as a secondary school teacher and has a concentration in social studies. She taught for approximately two years prior to coming to CFRP in 1973.

The School Linkage Coordinator was on leave of absence for three months of this study, to complete a master's degree in counseling. Her position was vacant during this time. When she is present, she participates in assessment team meetings. She is also available to workers who need information or advice about the school situation and school problems of CFRP children who are in public schools. She functions as an advocate for CFRP children and parents in the school system.

The CFRP nurse has an office adjacent to that of the home visitors. She is responsible for meeting the health needs of all CFRP children, as well as all Head Start children whose families are not enrolled in CFRP. When asked by the home visitors, she advises CFRP parents and refers them to medical services in the community.

The Parent Coordinator works exclusively in the Parent Center. This building is separate from the CFRP office, but is in the same neighborhood. She is hostess for all functions at the Parent Center. This includes CFRP's activities (the Center-Based Program, Parent Study, and assessment team meetings), as well as all services that are available to non-CFRP Head Start parents. She provides the refreshments for all Parent Center activities, helps to coordinate all functions and is available to all parents who wish to use the center. For example, there is a washer and dryer there for their use.

The Infant-Toddler Specialist is also the center manager and therefore has responsibilities for the operation of the Head Start classes in the building. Her title of I-T Specialist is a new one within the year. Her role is designed to help and advise the home visitors in the planning and conduct of the formal infant-toddler program. Nevertheless, the home visitors feel that they do a great deal of the research, planning, and implementation of the P-3 program at their site.

The secretary, whose office is on the first floor of the building, is the secretary for both Head Start and CFRP. She is responsible for typing all of the home visitors' continuing entries for the records of the CFRP families, including summaries on all home visits. Her typing load is heavy and entries in the case records are often not up to date.

6.1.3 In-Service Training

All four home visitors attend relevant educational seminars, lectures and workshops that are offered in the community. These workshops, offered by such agencies as the Florida Mental Health Institute, the Juvenile Welfare Board, and the Department of Health and Rehabilitation Services, cover topics in child development, methods to improve parental involvement in parent education programs, and a range of other pertinent topics. Three of the home visitors recently attended a five-week course at All Children's Hospital on the administration and interpretation of the Denver Developmental Child Assessment Test.

According to one worker, a workshop on the handling of lags in development that the staff attended at a local mental health institute offered much that was directly applicable to their work with children, such as methods for infant stimulation. However, she also wanted more training on parent groups: "We have gotten some help, but we need more. We can't apply the white middle-class approach to our families--they would be immediately turned off."

In addition to these community workshops, the home visitors participate in the regularly planned in-service programs for Head Start-CFRP staff. There is a week-long training session at the beginning of each school year. The five-day program is organized by the Career Development Committee (made up of CFRP and Head Start staff) and consists of a series of lectures on topics in child development conducted by speakers from various agencies in the community. The themes for these lectures are often based on suggestions made to the committee by the CFRP-Head Start staff. In the past they have concerned such broad areas as health and nutrition and other topics that are relevant to promoting the emotional and physical well-being of the child and family.

This week-long in-service program is followed by day-long sessions approximately every four months throughout the year. Each of these programs concerns a single theme relevant to child development. In the past there have been workshops on education and toymaking and lectures on science and music for the child. The leaders for these sessions may also be from selected agencies in the community.

6.1.4 Three Days in the Life of a Home Visitor

Today is a Monday but it could just as well be Wednesday or Friday, for these three days follow the same pattern. The home visitor is in her office by 9 a.m. After checking to see if she already has appointments scheduled in her planning book, she telephones three parents to arrange two morning visits and one afternoon visit.

After these appointments are made, she chats briefly with her co-workers, and then reviews her plans for the two home visits that she is about to make. One visit is to be a child assessment, so she makes certain that she has all the supplies necessary to do the test. The second visit is a regularly scheduled monthly home visit. She therefore checks her agenda and the supplies that are necessary to carry out her planned activity with parents. (Each month, there is a standard activity to be carried out with all families.) Christmas tree ornaments are to be made, so she gathers up glue, scissors, patterns, glitter, and so forth.

About two hours later, the home visitor returns to the office. On the way back, she has stopped at the public library to pick up books on the area of child development that she has been assigned to research by her supervisor: she is the "resident expert" on health and prenatal care and on nutrition and child abuse. She is also the worker who is responsibile for this month's Center-Based Program. The formally planned curriculum for the year dictates that the topic of the program this month will be social and emotional development. The worker therefore looks for books that suggest activities that she can pursue with young children and their parents to improve interactions between them.

When she returns to the office, she makes notes on the home visits that she has just made. These notes must be submitted to her supervisor for approval and then wait to be typed for inclusion in the records. Since there is a backlog in typing, she often does not get the opportunity to see her notes on recent home visits typed and recorded in the case files--a continuing inconvenience.

She then returns a few telephone calls before lunch. One is to a parent about a technical difficulty she had in registering her child for Head Start. Another involves a fairly lengthy discussion with a school social worker about the possible referral of a child to a residential treatment center. The final call is to answer a parent's request to acquire some children's clothing from a local church. After the telephone calls, the home visitor has lunch in the office. The telephone rings two times while she is eating--she takes the calls.

Following lunch, she sits for about an hour at a long table with her co-workers. During this time they joke together, but they also make sure that this month's planned activity for home visits is well coordinated. All the workers check that they have the same supplies, and they practice making the tree ornament so that they can correctly teach parents how to do it when they visit them. After the worker has made an ornament to be used as a model for parents, she leaves for her afternoon visit.

When she returns at about 4 p.m., she tries to make brief notes on the visit, and returns a phone call to a parent who is asking why her food stamps have been cut. (The worker asks the parent a few questions; tells her to check with her food stamp worker; discovers the parent doesn't know who this person is; agrees to try to find out for her and to telephone back an explanation or see if she can help.) When she hangs up, she makes a note of this promise, and then tries to spend the last 30 minutes of the day beginning to plan for the presentation of "her" Center-Based Program. She intends to spend the entire afternoon of the next day planning the activities for this program.

The following day is Tuesday. This means that there is a staff meeting with her supervisor, the CFRP Coordinator. This may be her only opportunity during the week to see him because he has many other responsibilities that require him to be at the Largo office. At this meeting, all four workers are present, as is the Infant-Toddler Specialist. The CFRP Coordinator begins the meeting by going over the substantive areas in child development that have been assigned to each worker as her own areas of research. A new area is added--child safety. The worker, after some joking, volunteers to assume it as an additional responsibility: "Then you can all come to me to find out what to tell parents about how to help children survive the holidays." New areas of research are also assigned to other workers, including discipline and child care. Their supervisor makes it clear that he wants these reports turned in to him. One worker suggests that they have a workshop to discuss the research. Another worker asks how often they should get together to assess the research information that they have gathered thus far. (The assumption among the workers is that if each person has her own area of expertise, then the others may come to her for information and help if one of the parents is having a problem in this area of child development.)

The workers take advantage of this time to ask questions of their supervisor and the new Infant-Toddler Specialist, who is supposed to help them plan their home-based and center-based program. The worker asks how they are to plan when to give out the various handouts they have for parents in areas of child development.

The meeting then turns briefly to a discussion of the role of the new Infant-Toddler Specialist. The home visitor previously had this role; all agree that she did a good job. The CFRP Coordinator notes that the home visitor could now be the coordinator for center activities. The Infant-Toddler Specialist brings up the need to complete the child assessments on all children under three on time every three months. One worker asks her what they should do if an infant gets tired during an assessment. Another worker suggests that they be told the amount of time they should spend with one assessment and also suggests that they limit themselves to 30 minutes. They get no definitive response from the Infant-Toddler Specialist. Another worker then suggests that the Infant-Toddler Specialist get the names of all day care mothers for CFRP children so that they can do assessments in the Playpen homes. Again there is no definitive promise or response from her and there is an awkward silence among the workers.

After the meeting, this worker has a discussion with her co-workers. They note that they are all still doing all of their own planning for home visits and the Center-Based Program for the families of infants and toddlers. They are uncertain if this responsibility was to be shared with the Infant-Toddler Specialist or not. The home visitor then jokes that she cannot wait for an answer and sits down to begin to research and plan for her Center-Based Program for the month.

However, she is interrupted almost immediately by a parent who walks into the center unannounced with her three-year-old child. This mother is upset. The worker pulls a chair up for her in her cubicle and the child plays around the office, talking with the other workers. The parent talks for an hour about her difficulties in managing her little daughter, how bad she is and how she can only control her by spanking her almost daily. The home visitor tries to talk with the mother about her feelings about the child and other ways to handle her. The mother wanders over to the CFRP Coordinator, who happens to be making a phone call in the room. He listens to her at length and eventually tells her that she is expecting too much from her child. The worker and her supervisor together suggest to the mother that she try talking to a counselor along with her daughter. They agree to make a referral for her. After the parent leaves, the CFRP Coordinator and the worker discuss the need to refer this parent for help. He warns the home visitor to be careful not to make this parent defensive about her faulty relationship with her child. The worker is glad that her supervisor was in the office to offer her support and assistance during this particular encounter.

Wednesday is similar to Monday. However, on Thursday of this week, the worker spends her morning caring for children at the parent center while their parents attend Parent Study. From 12 noon until about 2 p.m., she takes these parents and children home in the CFRP van. After returning from lunch at about 3 p.m., she is too tired to make any home visits and therefore tries to do paperwork or monthly planning. But on Thursday afternoons it is tempting to relax by joking with other co-workers, and informally discussing families' problems and ways to help them to cope.

6.2 Those Who Are Served

6.2.1 The CFRP Population in St. Petersburg

There are 80 families served by CFRP at this site. These families live close to the program office--generally within a six-mile radius. Many live in the housing project that surrounds the center. The vast majority are black. During Center-Based Programs, it is not difficult to get the impression that CFRP is for mothers only. Some husbands or fathers were mentioned during assessment team meetings (see below). They were discussed in terms of how they could be encouraged to provide support to the mothers. Those fathers who are involved are viewed by CFRP as a potential buttress to women in their child-caring function. Many of the families appear to have close ties to their extended families.

The program serves working and nonworking mothers, as well as those who are in school--either part- or full-time. Some of these groups appear to be served better than others. The majority of the nonworking single mothers have worked in the past and are actively seeking full-time employment. Also, some nonworking parents are considering school as an avenue to eventual employment opportunities.

6.2.2 Those Who Were Studied

Nine single black mothers were part of the ethnographic study. Some have no contact with the fathers of their children; others receive both emotional and economic support from them. The mothers range in age from 21 to 30 years of age. Each mother has between two and eight children whose ages range from 6 months to 15 years old. The educational level of the mothers ranges from ninth grade to two years of junior college.

At the beginning of the study, three of the mothers were nonworking, although they were reported to be actively seeking work. Six of the mothers were classed as "working" parents--only three of them, however, actually worked at a job full-time. The other three were in school full-time. Two of these parents attended classes in the morning only, but their children remained in day care homes until late in the afternoon.

Six months later, only one mother is still nonworking, though she has taken steps to begin vocational training school. The other two have resumed work, both in jobs they had previously held. One of these mothers had planned to first get more training in order to get a better job, but she was forced to resume her old job due to an economic crisis in the family. One of the parents who was in school completed a course of study in a junior college and began another two-year program in a specialized health field, which she hopes will lead to improved employment opportunities.

The following are brief descriptions of the family situation of each of the nine mothers studied. One thing these mothers have in common is the early age at which they bore their first child--ranging from 15 to 19.

> Karen Lane is a 29-year-old-mother of 5 children: 12-year-old Susan, 10-year-old Alice, 8-year-old Kevin, 6-year-old Sean and 2-year-old Troy. Karen has never been married and does not receive support from the father of her children. Karen is enrolled in a local junior college in a course in respiratory therapy. She hopes to work in this field after graduation in a few months' time.
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> Christine Kelly is a 25-year-old mother of 3 children: 6-year-old Tommy, 4-year-old David, and 18-month-old Jesse. Christine has never been married, although she receives some aid from the father of her youngest child. Christine resumed an old job as a hotel maid at the close of the study, although she would like to get a better job through further training or education.
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> Sara Lang is a 26-year-old mother of 3 children: 10-year-old Marisa, 6-year-old Greg, and 2-year-old Sam. Sara has never been married, although she remains in contact with the father of her children. Sara is studying in a local junior college in the field of human services. She hopes to get a good full-time job in this area when she finishes her course of study in approximately a year's time.
>
> Lisa Crane is a 21-year-old mother of two children: 5-year-old Jason and 11-month-old Jacob. Lisa has never been married, although she is involved with the father of her children. Lisa resumed a job as a factory worker at the close of the study. She had held this job prior to the birth of her second child. Lisa and her children live in the home of her mother.

Patricia Nickelas is a 23-year-old mother of 2 children: 6-year-old Nicole, and 2-year-old Kenny. Patricia was recently divorced from the father of her children. He pays child support and the children visit with him regularly. Patricia works part-time in a cafeteria in a local public school. She and her children live in the home of her mother.

Denise Norman is a 24-year-old mother of 2 children: 5-year-old Laura and 3-year-old Lisa. Denise is separated from the father of her daughters. She has maintained contact with him, although he has been in the armed services, abroad for the period of the study. She is employed as a clerk in a bank.

Theresa Kent is a 26-year-old mother of 3 children: 8-year-old Tami, 4-year-old Paul, and 18-month-old Johnny. Theresa has never been married, and she is not involved with the father of her children. Theresa works full-time in a factory.

Laura Simpson is a 30-year-old mother of 8 children: 15-year-old Kent, 12-year-old Alex, 11-year-old Michael, 9-year-old Amanda, 6-year-old Richard, 4-year-old Gracie, 2-year-old Tim, and one-year-old Jon. Laura is divorced from the father of her 7 youngest children, but he remains involved with the family. She is unemployed, but would like to get some vocational training so that she can acquire a job.

Corey Martin is a 23-year-old-mother of 2 children: 6-year-old Casey, and one-year-old Rhonda. Corey has never been married, although she remains involved with the father of her children. She is currently studying in a junior college to become a medical secretary. Corey was dropped from CFRP in June 1979.

Of the nine single mothers who were studied, two live in the homes of their own mothers. One is temporarily sharing her home with her sister and her two children. Five live close to their mothers or siblings and receive advice, emotional support and child care from them. These ties with extended family appear to be characteristic of those who are served by the CFRP at this site. During one of the reassessment team meetings, for example, the mother of one of the single parents being assessed was present at the meeting as an agency representative. This was made known to the other members of the team. She was given the opportunity to respond to and comment upon the presentation of her daughter's case.

CFRP parents have a variety of problems in meeting daily needs. These may include problems with housing, money, and budgeting, as well as problems with parenting. Needs such as child support payments, dental care or other health care were discussed as often as needs for counseling for a mother or child, tutoring for a child, or help with parenting skills. For example, in two of four cases presented during one reassessment team meeting, housing and problems with child support payments took precedence. In the third, it was recognized that the mother needed help to realize her own goals, as well as to attend to her parenting role. In one case only were the relationship between mother and child and ways of handling a child's problems of central concern.

Only one of the nine families included in this study is considered a multi-problem family. This is Laura Simpson, the 30-year-old mother of 8 children. She is divorced and does not work, although the need for further training and employment is often discussed. This family has many problems. Laura was injured on a job and reports constant back pains. She also has high blood pressure. Laura is in continuous conflict with her ex-husband, who lives nearby. He is said to offer little practical support to her for the children, and she believes that he is constantly and deliberately undermining her authority with them. The two-year-old child has severe bowlegs and possible speech and hearing problems. All of the older children are reported to be behavior problems both at home and in school. The three oldest boys have been in trouble with the law (one for throwing rocks at a pregnant woman). The worker describes Laura as a mother who is "overwhelmed," and often feels herself unable to cope with her life and her children.

Laura has a passive orientation toward life--she views her situation as being beyond her control. For example, when first asked if she would participate in the ethnographic study, she hesitated, but agreed. I later learned that she thought she would have to pay to participate.

The majority of the CFRP parents appear to love their children and to feel a genuine responsibility to help them grow and develop. Many are anxious to know how better to help their children with their school work or how to help younger children succeed on developmental tasks. Sara Lang developed her own techniques to help her slow learner with his school work. Denise Norman carefully watched the Denver Developmental Child Assessment done by her home visitor, so that she could later help her three-year-old with these tasks.

Other parents consistently expressed a strong commitment to helping their children through the emotional turmoils of childhood. Karen Lane stated, "I'll be glad when they get older so that I won't have to worry about all their little battles and protecting them from the neighborhood." Several parents noted that they were anxious that their children know that they were available for talk and comfort if needed. For instance, Sara said that she was trying to create a relationship with her pre-adolescent daughter that would help her to feel free to discuss sexual matters before it was too late. She added, "When I was a child, if you talked about it, it meant you were doing it." Another parent was anxious to get continued counseling through a CFRP referral for her son, who was exhibiting emotional and behavioral problems.

Despite their genuine love and concern for their children, many CFRP parents have a critical need for more parenting skills. The reassessment team's recommendations frequently note that a parent has genuine concern for the welfare of her children, but that she needs further skill in order to meet her potential as a parent. These recommendations are generally based on the description of the family given by the home visitor. One parent, who had been judged by the worker and the team to be extremely responsible and caring toward her children but to need further help with parenting, described her consistent attempts to help her children both emotionally and intellectually. And it appeared that she was having considerable success in these areas. However, among these descriptions, she noted a time when she had successsfully got her five-year-old to stop sucking his thumb by taking him to the fire station and asking a fireman to tell the child that it was the place where thumb-sucking children were burned. Another parent, also judged to be caring but to need skills, described how a center activity group that she had attended had helped her to realize that "talking to children can help as much as beating them" in getting them to behave.

On the other hand, it is uncommon that a CFRP parent specifically cites "help with parenting" as one of the most advantageous aspects of participation in the program. Parents more often note the program's system of referrals to other community agencies as a great advantage to them. Sara said, "They let you know what's out there, so if you need them, you can plug into them." Karen also described how the program had made her aware of resources in the community. She learned of educational programs for herself, and ways to secure economic aid for some of them. She also credits the program with helping her with referrals to medical services for serious medical problems, as well as helping to get counseling for her son. One reason that the system of community referrals by CFRP is so much appreciated may be that it simply extends the network of the extended family. It does not impose an alien system upon families, but rather augments one which is already a part of their lifestyle.

6.3 The Needs Assessment Process

A family's original assessment generally occurs after the family has been recruited or referred. The assigned worker visits the family and interviews them informally, asking the family about their situation and their view of it, their goals and hopes for the future, and their expectations for the CFRP program. The goals for the family are then prioritized briefly in the record. Information about this initial needs assessment was obtained primarily from workers and was supported, in some cases, by brief entries in the record.

This initial assessment is sometimes awkward for workers because it requires a more structured and formal approach than they are accustomed to taking with their families. For example, one worker noted that at this first meeting with parents she is required to ask about plans to have other children and methods of birth control. She commented that she feels intrusive asking this question and is most uncomfortable in the role of "inquisitor." This home visitor's reaction is interesting because it indicates that the original assessment is a break from the casual, nondirective style so characteristic of the workers in general.

There is also a well-defined ongoing needs assessment process in St. Petersburg. It consists formally of the child assessments administered to infants and toddlers on a quarterly basis and the monthly assessment team meetings described below. In addition, there is a continuing informal interchange between workers and parents that helps to keep information on needs current. This exchange may take place during regular home visits, casual contacts, or phone conversations.

After the first assessment, the worker begins to work with the family on an ongoing basis--through home visits, child assessments, and social service contacts when necessary. Home visits are to take place twice monthly and child assessments every three months. Home visits are planned according to a program in child development, and the child assessments are supposed to measure this development. These two activities make up the formal plan of the program. During these activities, the worker can formally assess the needs of each child. She can then relate these needs to the parent during home visits and make suggestions for follow-up activities. In this way, the developmental needs of each child are to be recognized and dealt with.

In actual practice, during these planned activities, parents can and do bring up personal problems or concerns about children or family. For example, in October, as scheduled, Karen's worker did a formal child assessment for Karen's two-year-old son. The Denver Developmental assessment tool was used, as it is for all child assessments in this program. During this visit, the worker also made an appointment for a home visit--"to discuss the child's needs that the assessment may have suggested and to implement the home-based program for the month of October."

As a result of the child assessment, the worker became concerned about the child's language development--he didn't answer her questions, say his first and last name, or name a picture of a cat or horse. The worker brought up the child's speech with Karen during her home visit in October (language development also happened to be the planned topic for October). In this way, the worker attemped to combine her planned curriculum with a need that she perceived during the child assessment. In this case, the mother did not agree that the child was deficient in language; she gave examples to the contrary, and the worker accepted the mother's assessment. She also, however, continued with her planned program on ways to help any mother enhance language development in her toddler.

During this visit, Karen herself brought up certain concerns of a social service nature--a common occurrence, according to workers. It is one way that the more practical needs of the family are discussed and met, if possible. In this instance, Karen complained that she did not like the day care mother assigned by HRS, and needed a change. Karen and the worker discussed her reasons for not liking the sitter, and the worker made suggestions for initiating a change.

6.3.1 The Assessment Team Meeting

An important part of the assessment process is the assessment team meeting. It is, in fact, a reassessment meeting: its primary purpose is to assess the continuing needs of families after they have been in the program for a period of time. Each family is to be reassessed through this team approach once per year. (A worker can suggest that a certain family be reassessed due to an emergent need, but cases generally are presented according to this rotating annual schedule.)

The assessment team meeting takes place on the fourth Tuesday of every month, and may last from two to four hours. The plan for this meeting is to present eight families at each session--two families of each family worker. In fact, fewer than eight cases are usually presented. For example, eight cases were on the agenda for the assessment team meeting in October. Five of these were presented at the meeting, which lasted three hours. The remaining three families were carried over to the next month. This pattern indicates that some families may be reassessed as infrequently as every other year. According to the case files of the nine families in this study, for example, only five had been reassessed during the previous year (1979-80).

The assessment team consists of representatives from various social service agencies in the city. The agencies represented remain constant, but some representatives change from month to month. Other representatives are permanent figures on the team. The CFRP worker is recognized by the team as the person who knows most about the family; the other representatives, however, are quick to offer their expertise and advice. In October, the following agencies were represented:

1. SPEDCO--St. Petersburg Economic Development Corporation, which helps low-income people and minorities begin small business operations;
2. Project Playpen--HRS-licensed day care homes;
3. CMS--Children's Medical Services, which offers services to children with chronic illnesses;

4. Comprehensive Mental Health--represented by the family counselor who is contractually engaged conduct Parent Study for CFRP;

5. Head Start--represented by both the social service director and the education director;

6. Pinellas Opportunity Council--county social services;

7. the Housing Authority; and

8. Juvenile Services.

In addition to these representatives, the four CFRP workers were present. The CFRP School Linkage Worker and the nurse for CFRP and Head Start were present, along with the new Infant-Toddler Specialist and the Parent Coordinator for the program.

None of the families to be assessed were in attendance, though they were informed of the meeting and were invited to attend and provide input. A worker explained that occasionally a family will attend, but that this tends to inhibit the discussion and the recommendations. Families are invited because this is considered "the only right thing to do." It is consistent with the philosophy of the program to be open with families and to include them in all aspects of planning. On the other hand, it is recognized that many parents will not attend. (Over the course of this study, for example, only three parents responded to the invitation.) The program is therefore able to honor its commitment to be nonpaternal, while agency representatives are able to continue unhindered in the assessment process.

At the beginning of the meeting, a handout was passed around. This pamphlet included a summary description of all the families to be presented, each prepared by that family's worker. The summaries included family members' names, ages, and school placements; the jobs, special problems, needs and strengths of the parent(s) were also briefly described, along with their goals. Each of these one-page summaries also had a space labelled "Team Recommendations," where workers could fill in the recommendations that the team members made for that family.

Each worker presented at least one of her cases. These presentations were brief--less than five minutes--and informal: the worker presented the information in the summary and made some brief additional comments if desired, or updated a piece of information. The worker then called for questions, comments, or recommendations, which began immediately. The worker provided feedback to comments when necessary. This discussion took approximately 25 minutes for each case. It became clear while observing this process that the team approach was designed to provide specialized input from each agency and to elicit help for the families from the various agencies.

One case example from this meeting will illustrate the intent and function of the team approach. The family worker gave this summary:

> Jessica, age 30, mother of five, is very ambitious and is going to school full-time. As a result, she has difficulty finding time to properly manage her home and children. The children have some medical and developmental problems (deafness and learning disabilities). Her husband is in business for himself and having some problems with it.

Following this summarized presentation, the School Linkage Coordinator volunteered that Jessica had not wanted her children to continue in special schools, and gave her reasons. The Project Playpen representative gave much information about the mother's past, her manner of functioning, and how it seemed to affect her children. The SPEDCO representative then suggested that her agency might be able to help Jessica to continue to receive her Basic Opportunity Grant and that they might also be able to offer help to the husband's business enterprise. The formal team recommendations to the worker were to provide support, ask Jessica "what she wants," encourage Jessica to realize her own goals while still attending to the needs of her children, and to get her husband to relieve her of child care duties at times. The assumption is that the worker will attempt to implement these recommendations. She can also elicit the help offered by the various agencies or encourage the family to do so.

Not all of the cases elicited a discussion which focused entirely on the needs of the mother or practical help that might be offered to the family. For example, discussion of another case centered upon the intellectual lags of a child and his poor social and emotional adjustment. Various team members (particularly school and counseling representatives) discussed ways that the mother might be helped to work with her child in order to help him develop in these areas. Agencies that might be able to help both mother and child deal with these problems were also suggested.

The assessment team meeting is not intended as an isolated event--a network of worker-parent contacts is supposed to surround it. A worker is expected to visit a parent who is to be assessed, prior to the team meeting. At this pre-assessment team visit, the parent is to be given a chance to respond to her situation and needs as formally described by the worker. She may make any changes or suggestions that she wishes. The case is then presented at the meeting, as described above. If the parent has chosen to attend, she may again provide input on her situation and respond to any comments that are made. In the days or weeks following the meeting, the worker is expected to visit the parent again for a post-assessment team visit, planned to provide feedback. At this time, the parent can make corrections or change the assessment team report that is to be placed in her record. She is also encouraged to help prioritize her goals.

In fact, however, this plan is often not carried out in its entirety. For example, three parents who were part of the study were formally assessed by the team within the six-month period. In only one case was it possible to observe the complete assessment team process as it is designed--that is, there were pre- and post-assessment team visits, and the mother was also in attendance during the team meeting. In the other two cases, the workers were unable for various reasons to reach the parents for both the pre- and post-assessment team visits. The workers mentioned the need to make these visits, but allowed other priorities to interfere. Time elapsed and the visits were never made, without further comment from the home visitor.

6.3.2 A Case Study: The Complete Assessment Team Process

Approximately two weeks before Sara's case was to be assessed at the team meeting, the worker visited her at home. During this visit, Sara was given the opportunity to respond to the summary of her case as prepared. The worker began by going over the recommendations that had been made at Sara's last assessment. She asked Sara if some of the problems discussed at that time had been overcome, and Sara answered that they had. It is interesting to note that one of the principal recommendations made during the previous assessment was to encourage Sara to become the "prime educator" for her children (the two oldest were experiencing difficulties in school). During the course of this study, Sara spoke often of her efforts to help her children with their schoolwork and her apparent success in this area.

The worker continued to ask Sara a series of questions that she had formulated for the assessment write-up. She then showed Sara the write-up and informed her of the date and time of the team meeting. The worker further explained to Sara that she could change the write-up in any way she wished, but Sara added nothing.

This parent was one of the few who chose to attend the team meeting at which her case was to be presented. She was ushered in by her worker and introduced to the other agency representatives. The worker then read the case summary that she had prepared. Based on this, the team members began to ask Sara questions directly, concerning dental work that she needed and the possibility for involving her children in tutoring programs available in the community. Sara responded quietly to these suggestions and inquiries. The representative from an agency through which Sara was participating in a group counseling experience noted that Sara was quite active in the group. She further commented that Sara was goal-oriented in school, strong and determined, and with her "good attitude and hard work" she would continue to do well for herself and her children.

After the formal recommendations (for follow-up in a particular dental clinic and referral to a specific tutoring program in a neighborhood church) had been made by the team, Sara was thanked and excused from the meeting. There was no further discussion of Sara's situation after she left the meeting. Her case presentation took 15 minutes--approximately one-half the time utilized for discussion when a parent is not present. Also, the nature of the commentary by representatives from the other agencies appeared to be more restrained than it had been without a parent in attendance. After the meeting, Sara expressed only some surprise at the number of people who were present.

One month after the team meeting, Sara's worker visited her at home. The purpose of this visit was to provide feedback from the assessment team and to carry out a home visit for the month. No children were present, although the worker planned a visit dealing with gross motor development. The first few minutes of the hour-long visit dealt with the assessment team's recommendations. After this, the worker discussed ways in which Sara could enhance gross motor development in her 18-month-old. The two women also got involved in a conversation about different career paths and discussed the relative value of Head Start for certain children.

The brief assessment team feedback that the worker provided during this visit was perfunctory in comparison to one other such visit that was observed, because Sara had been present at the meeting and already knew what had been recommended. The worker did advise Sara that she had spoken further with the CFRP nurse about her need for dental work. The clinic that the team had suggested was not for people over 18 years of age, but the nurse did have names of dentists who would accept Medicaid. The nurse also knew that for this treatment and coverage Sara would have to have all of her teeth pulled first. This possibility had been worrying Sara for some time. Upon hearing this again, she sighed and said, "so regardless of how I look, I got to be without my teeth." She added that she had two classes that required her to speak publicly and that being without teeth would make this embarrassing and difficult. Her home visitor responded only that she would get used to it. Sara appeared to be depressed, but her official reassessment for this year ended and the home visit continued along other lines. (The cool professionalism exhibited by this worker in this instance was characteristic of her style.)

6.3.3 The Assessment Team and Family Advocacy

The actions taken and the recommendations made by the assessment team can sometimes be understood in terms of family advocacy. Sometimes the advocacy function was quite subtle--characteristic of CFRP at this site--but was operative nonetheless. For example, it was agreed during one meeting that Denise's worker could help her to get much-needed child support allotments from her husband, a serviceman (they are separated), without resorting to court action. Team members suggested a letter to his commanding officer or a petition to his Congressman for aid.

The very set-up of the assessment team may in itself be a mechanism for community advocacy through the solicitation of support for CFRP families from other community agencies. During one meeting it became apparent that a local vocational school had an outreach program whereby a social worker would visit the home of a prospective student in an attempt to help him/her overcome inhibitions about beginning school. Upon learning of this, the worker of Laura--the overwhelmed mother of eight with great need for further training but little confidence--elicited the aid of this program to help Laura overcome her fears about starting school. In another instance, SPEDCO (see above) suggested they might help a struggling husband in his own small business ventures.

In general, the assessment team tries to operate on the principles of family advocacy. However, at times this role is not fully developed. For example, during the discussion of one case the presenting worker disclosed that a five-year-old child had been tested by the public school system and found to be marginally retarded. This had not been the opinion of the Head Start staff, although developmental lags had been noted. Since Head Start had been unaware that the child's family was with CFRP, neither the worker nor the mother was made aware of the possible developmental problems.

Various members of the team suggested that the judgment of borderline mental retardation might be incorrect--in particular, that it might be a result of the testing situation. (In fact, when the SPEDCO representative asked if there was a "cure" for borderline mental retardation, one counselor answered, "That depends on who is doing the testing.") The consensus was that the child might not be retarded, and that this information should not be shared with the mother until precise clarification was received from the school.

Thus, the team noted its doubts about the validity of this potentially damaging diagnosis. Nonetheless, only vague recommendations were made to the worker to follow up on the school's tests and to make the proper referrals. If the team had played a full advocacy role, there might have been a recommendation for further testing by a carefully chosen agency, perhaps one represented on the team. Head Start personnel might also have recommended that the school staff be approached for more than simple "clarification" of their judgment.

6.3.4 The Assessment Team, CFRP, and Confidentiality

The way in which family privacy is protected during assessment team presentations helps to define CFRP at this site and underscores its uniqueness in relation to other community agencies. The workers explained that it is understood among them that there are limits to the information about families that can be divulged to other agencies. At times, the families themselves set these boundaries. "At other times," one worker noted, "you just sense from parents what is too much." Team representatives are also expected to understand that the information gained in the meeting is not to be used as official information nor used against the families. For example, HRS is not to use such information to deny eligibility for aid.

One worker, asked specifically if she felt the assessment process to be an effective one, gave an interesting answer that expresses much about the CFRP:

> The process does work sometimes to clearly set a course of action for parents, though representatives from other agencies don't always understand that you can't force a plan on people. They do it in their own time when the time is right [emphasis mine]. . . . Others often don't see the different focus of CFRP and will sometimes push for more information because it seems relevant. They don't realize that CFRP always works from the perspective of the family and thus will not discuss more than the family would want.

This worker further emphasized that it is sometimes difficult to tactfully "put off" another team member who is doing too much probing: "We don't want to alienate a community agency."

6.3.5 The Assessment Team and Access to Community Services

The assessment team is the agency structure for providing access to other community services for CFRP parents. Through this process, agencies become aware of the problems of participating families, and parents are advised of the existence of other agencies that might help them with their problems.

In spite of this significance, many parents are either unaware of the assessment team or totally uninterested in it. No one specifically mentioned the team meetings as a significant advantage of participation in the program. Even those parents, such as Sara or Karen, who thought the program's referral system was important did not understand that some of these referrals were a direct result of their case presentation at the team meeting.

Some of the workers feel that the assessment team meeting is a time-consuming monthly event that may not be worth the effort. Further, the write-ups that they are expected to prepare on each family prior to the meeting are considered to be a nuisance. And, as already noted, in most instances the workers did not consider the pre- and post-assessment team visits worth making. Three study families were assessed over the six-month period. Therefore, six pre- and post-visits were to have been made; of these six, only three actually took place and two of these were a brief part of a regular home visit.

On the other hand, there were instances when the team approach was effectively used to aid a family. Stephanie once learned, between meetings but from an HRS team member, that one of her parents had better document her continuing search for employment immediately or risk losing Playpen day care for her children--something which she vitally needed to continue coping with her large family. This information was exchanged "off the record" between the two workers. The HRS representative knew of this CFRP family and its needs through her participation on the team.

The re-assessment team is a significant part of the CFRP at this site. This being the case, one wonders why parents are at best only dimly aware of it and workers are often ambivalent about their responsibility to the process (i.e., write-ups, recordkeeping, extra home visits, maintaining civil relationships with other agencies). It is possible that CFRP is so focused on its own families and on doing things their way that the team approach actually threatens this basic tenet: if other agencies can take the expert's role each month, then the trust between the workers and their families may be undermined. This supportive, nonpaternal relationship is one of the defining features of CFRP, and the assessment team may violate this mutuality.

6.4 Program Activities: If The Parent Knows, The Child Grows

The child development program and the parent education program are intricately interrelated in St. Petersburg's CFRP. The basic objective is to provide the parent with activities, techniques, and suggestions she can use with her child to improve their interactions and thus enhance the child's emotional and intellectual development. In philosphy and practice, the child development program and the parent education program are one and the same. The philosophy seems to be, "Teach the parent, so that the child may learn." One worker explained that years earlier they had attempted to work directly with children on a consistent basis. However, a directive from Washington, as well as their own awareness that working with a child a few times a month could do little good, caused them to change their focus from child to parent.

The various workers feel differently about this working philosophy. One worker noted that the attempt to teach the child through the parent is intended to reach the child more effectively and have greater impact. But, she added, "You never know if the parent ever works with the child at all after you leave." However, she then pointed to a two-and-a-half-year-old playing in the Parent Center and said, "I can tell with him, though. . . . His mother does apply what I tell her. He can count, and he knows his phone number and his whole name."

Another worker pointed out that when visits were fully child-centered, the pattern was that the "teacher" would arrive, and the parent would go off and leave her alone with the children. She felt that parents used her as a babysitter or thought they were not supposed to be around for the session between "teacher" and children. This worker still feels free to use a variety of methods with families, particularly problem families. She may teach the parent how to interact more constructively with her child; she may show the parent through the child; or, she may model for the parent, working alone with the child in front of the parent. The worker was observed to employ all three methods with the multi-problem parent, Laura; in other families, however, she worked strictly by teaching the parent.

6.4.1 Home Visits

In general, then, the child development program is delivered through the vehicle of the parent. The basic curriculum, as described above, is delivered to the parent by the home visitor, during her routine visits. These home visits are planned to take place two times per month; in reality, they take place about once a month because of delays or cancellations by the worker or the parent. The workers do not have a regular bi-weekly appointment time with each family, but rather schedule each home visit individually.

Although the child development program is essentially a parent education program, the home visitors do at times naturally include children in the activities if they happen to be present. Visits are also often divided between child development and social service matters, although a child development focus is attempted by workers as a part of every planned home visit. Depending on the interests and inclination of the individual mother, child development takes up 25 to 50 percent of each visit. Sometimes the worker presents her formal program throughout her hour-long visit, and a discussion of family needs is interspersed throughout. Other times, the parent education/child development program is presented first, and then either the worker or the parent brings up social service issues for the latter part of the visit.

The workers explained that they are consistently attempting to move away from a focus on family needs and to place primary emphasis instead on child development, but that family needs continue to intrude. One worker explained, "We are still trying to cut down on social services, but we fit them in when we have to." The decision to change the focus in this way was made at the program level.

It is also a policy of all the workers to encourage independence in all their families. For social service needs, for example, they give parents the information they need to follow up and obtain services for themselves. If parents do not do so, then the home visitor may make the initial contact. If this proves to be unsuccessful, then the referral or follow-up may never be made. The rationale is twofold: failure to follow through is taken as an indication that the family does not really want the service (e.g., job, school, child care); and program dependence must be discouraged.

Although the workers regard child development as the focus of home visits, most parents seem only to tolerate the child development material offered to them during home visits. On the other hand, they truly appreciate the other services--referrals for health needs or other family problems, and personal advice and information from a long-term, interested friend. Parents did consistently cite what appeared to be token appreciation of the child development focus of the program: when asked, all parents indicated that they found it to be helpful. Some were able to give specific examples of how it had helped. For example, Lisa stated:

> At first I thought it was a lot of garbage . . . but now I understand what it's about. . . . I read those handouts that they give you and they work pretty well. . . . Like they said don't talk baby talk to them, and I used to always do that. Now I don't, and it's like he's trying to talk back . . . and when I talk to him, he watches and always grabs at my mouth.

Nonetheless, most parents had to be specifically asked about the value of the child development program. Few volunteered this aspect as the most helpful part of their participation. Sara was one of the most positive about this. She described child development relative to the other services that she receives from the program:

> Everything interacts. . . . For example, the child assessments help me to know what to try with Sam. Then if there are problems, I can have a referral or just talk about my problems with other parents at Parent Study. Everything interacts to help me with my family.

Parents and Puppets: The Content of Home Visits

There is a formal plan for all home visits: a topic in child development is selected for each month, and an activity in support of that topic is planned for that month's home visits. This agenda, newly formulated by CFRP staff at the beginning of the 1980-81 school year, provides a common framework for visits made by different workers. The home visitors themselves are the principal planners of activities for the home visits, although there is supposed to be some consultation with the new Infant-Toddler Specialist. Initial direction and formal approval for the home visiting routine is provided by the CFRP Coordinator, and activities are discussed during weekly staff meetings. (As already noted, a variety of social service issues may come up around the common element of parent education.)

Language development was the topic chosen for November, and puppet-making was the planned activity. Each worker helped parents make hand and finger puppets during home visits and briefly instructed parents in how they could use these puppets to enhance language development in their children. Workers also gave out handouts on language development and puppet play for parents to put in their parent manuals, looseleaf notebooks supplied by the program. The topic for December was social and emotional development--it was hoped that Christmas activities could be applied constructively within the context of the family so that the social-emotional development of the child could be focused upon by the parents. For the December home visits, the workers helped or instructed the parents in making Christmas tree ornaments. They also left handouts for the manual on Christmas activities in the home, holiday safety, and making tree ornaments.

Descriptions of two home visits will illustrate how the November puppet-making activity was introduced to two parents by two different workers. The two visits functioned somewhat differently, although the basic activity was the same, as was the expressed purpose of the visit.

At the beginning of Pat's visit to Sara, a 26-year-old mother of three, only Sara herself was present. This was a formal visit--the worker began by explaining the purpose of the visit to Sara (language development through puppet play). She gave her handouts for her parent manual on this subject, and she outlined the entire year's curriculum for Sara before she began the planned activity. She then supplied Sara with all the materials for making the puppet and encouraged her to make it. Sara did so obediently, showing some embarrassment about her inability to cut out patterns well ("I'm no better than Sam at this"). The worker was quietly supportive and encouraging, urging her to persevere. When Sara questioned Pat directly about the purpose of the puppets, the worker answered, "They can be used to stimulate language in a playful manner," and "They can be used as a feel thing . . . to touch and to imitate sounds."

After about 30 minutes of this hour-long visit, Sam was brought home by his babysitter. He walked in and eyed the worker skeptically. She smiled, talked with him, and told him that his mother was making something for him. Sara shook her head and mumbled, "He's afraid of puppets." Undaunted, the worker picked up a small finger puppet and began to wiggle it at Sam. He began to cry, threw the puppet down, and walked into another room. The worker said quietly, "He'll get used to it." Sara smiled at Sam affectionately.

At one point, Sara stopped what she was doing to place Sam on his potty. The worker used this event to initiate an approximately 10-minute discussion of toilet training. She brought up such things as the value of imitation, and the fact that children are ready to train at different ages and will do it at different rates.

When the older children came home, the worker casually asked them about school, and they expressed some interest in what their mother was doing. Before leaving, the worker said her next visit would deal with language and sounds, and attempted to set up an appointment. Sara asked if Sam should be there. The worker answered that this was not necessary, but Sara reflected that if the visit was about sounds they should set it for a time when Sam would be home.

In short, this visit was very much focused on the parent and on the task at hand, with a short excursion into a different child development issue--toilet training. Only one family need came up during this visit. Sara mentioned that she had to change Sam's sitter because the other one had started drinking, but this was not pursued by the worker.

When Eva paid her November call on Lisa, a 21-year-old mother of two, five-month-old Jacob was the only child at home. Eva carried out the planned activity of showing Lisa how to make a puppet. During the visits, Eva repeatedly held the baby and played with him with the puppet she had made, ostensibly to show Lisa how to use the puppet to stimulate language. For example, she pointed out that the baby was at an age when he would be fascinated by faces and that the puppet could thus be used to capture his interest. She showed Lisa how she could place the puppet on the baby's foot, too, and attempted to explain the benefits of doing this. She also suggested, among other things, that Lisa try sticking her tongue out at Jacob or making other faces at him to see if he would imitate them.

Throughout all these suggestions, both mother and worker interacted with the infant constantly, both obviously enjoying him and delighting in his responsiveness. (According to the worker, "This child reacts from the top of his head to the tips of his toes . . . he is impossible to ignore.") In short, this visit was devoted to showing the mother how to stimulate language in her infant through various planned activities, and both worker and mother spent a cheerful hour during which they enjoyed and played with the infant.

The home visit curriculum, as well as the Center-Based Program, are designed primarily to meet the developmental needs of infants and toddlers. As a result, the workers' interest in children of Head Start or school age is much more general. This is especially true of Eva and Pat, who are sharply focused on the needs of the young children. Janice and Stephanie, on the other hand, tend to include all the children in the household during their visits if it is possible.

During one of Eva's visits with Christine, all three children were at home (Jesse, 18 months; David, four and in Head Start; Tommy, six). The worker played buttoning and counting games with Jesse to entertain her while Christine made a Christmas tree ornament under the worker's direction. Both the older children exhibited intense and constant interest in what their mother was doing. They told her how to cut and paste and volunteered suggestions on decorating. Christine was generally unresponsive to their continued interest. After the visit, the worker said that had she known the boys would be home from school, she would have arrived with a planned activity for them; since she had not known, she was caught with nothing for them to do. She added, "Those boys really do hang around. . . . I hestiate to get between parents and children and take the parent's role, but I really felt she ought to tell them to go out and play."

On the other hand, workers will sometimes take advantage of the time when parents are carrying out the planned activities to discuss the problems of older children in the family. For example, while Laura was working on her activity, the worker took the opportunity to ask her about the performance and behavior of various of her children at school. To all of the worker's questions about each child, Laura responded that they were not doing well in school, were having behavior problems, were repeating a year, and so forth. This discussion on the children's problems came to a close with Karen stating, "If I had to do it again, I wouldn't have all these children. If I ever come back [in another life], I'd like to do it as a rock." To this, the worker responded softly and supportively, "It will all work out in the end, Laura."

Also, based on observations, I do not doubt that some of the children in Laura's family enjoy the extra attention and playtime they get when the worker visits them. Laura appears to listen selectively. She is a passive listener much of the time, but at times, when she seems to be overwhelmed by a particular problem or crisis (such as the behavioral difficulties of her older boys), she will take an active part in the discussion and volunteer much information. (At these times, she seems to view the worker as a friend, if not one who has any real power to affect her situation in life.)

Family Differences and Individualized Treatment

The home visitors are friends with their parents. Workers and families are originally brought together on a random basis, but this does not preclude a change of workers should a problem develop over time. Several workers explained that personality differences are considered if a worker has difficulty establishing rapport with a family after persistent attempts to do so. Also, if racial differences appear to be creating a problem for a family, a switch will be made. One worker cited one example when a black family was changed to a black worker for this reason. She also noted that this change did not seem to resolve the problem.

Generally the workers appear to maintain warm, supportive relationships with their families. Differences in education, age and ethnicity seem to have little impact. Each home visitor works hard to be a friend to her families. This is the basis of the worker-parent relationship and the groundwork for what the workers attempt to accomplish in the area of parent education. Nonetheless, it is interesting to note that the professional nature of the relationship is always maintained in the address system: the worker is always "Miss Pat" or "Miss Smith," while the mother remains "Lisa," "Karen," or "Cory."

Because workers and parents are friends, CFRP treatment is less standardized. The workers tailor the program to each family, based on the family's traits. For example, Karen and Patricia both have Janice as their family worker. Janice is on friendly terms with both mothers and has known both families--as friends--for some years. Yet her home visits to the two mothers are very different, because Karen's family and Patricia's family are different.

Karen is strongly goal-oriented, a determined person with strong ideas about how to achieve her goals. She has five children, ranging in age from two to twelve, whom she manages firmly, primarily through brief directives. During home visits, Karen's two-year-old is usually not at home, as he stays in day care until late in the afternoon. Often some of the older children are present, but they are not included in the activity--Janice greets them casually, and Karen sometimes interrupts the visit for a moment to call out a demand or a directive. The home visit, then, is generally *parent-centered*. The worker sits and converses with Karen, carrying out her planned agenda; since the toddler is not home, Janice cannot work with him directly.

Each of Janice's home visits to Karen is about equally divided between child development and social service needs. Karen is rather passive during Janice's child development presentation; in effect, Karen listens to a "lecture" by Janice. In November, for example, the "lecture" was about puppet play and other types of parent-child interaction that can benefit language development in toddlers. Karen is more interested in meeting the practical needs of her family, and she takes an active part in discussing those needs.

Another CFRP mother, Patricia, has two children, aged two and six. Janice's home visits to Patricia are marked by the amount of time spent working with both mother and children together. During the November visit, for example, Janice kept up a running conversation with two-year-old Kenny. Both Patricia and Nicole, the older child, were amused by this "conversation" and there was frequent and spontaneous laughing and hugging between mother and children. The worker involved Nicole by showing her "how to help teach Kenny to talk" by using the puppet she had brought for that purpose. Nicole was interested and, although she was not the focus of attention, seemed to enjoy herself. Characteristically for this family, the visit was child-centered--parent education occurred through modeling. The worker provided information and interpretation to the mother casually as she interacted with the children. According to Patricia, "The children really love to see Miss Janice come--she's good with them. She knows what to do."

Further, few family needs and social service-related matters are discussed during home visits. Patricia rarely brings them up. She has indicated that she does not view these things to be part of the concern of the CFRP.

Why do these striking differences exist in the same program, with the same worker? The answer helps to define the CFRP at this site: the worker, as a friend, relates to the mother in her way and in the natural style of the family. Karen is more comfortable discussing family needs. Since no arbitrary system is imposed by CFRP, this is not a problem for the worker, who is also interested in helping Karen reach her goals. In addition, Karen and her children interact in an authoritarian, nonverbal manner. The nature of the family dynamic therefore makes it more natural for the worker to introduce her child development material solely through the parent and to instruct her as to its use with the children.

Patricia and her children, on the other hand, are naturally in open communication with each other. Janice simply plugs into this dynamic. It also appears that over the years, she has encouraged it and watched it flourish. Further, it seems that the custom of bringing up family problems and needs during each visit has simply never begun with this family. The intense parent-child-worker interaction that goes on leaves little time for such discussion.

In short, the nature of CFRP allows the parents to define the program for themselves. The different needs that emerge originate with the families. It is these self-defined needs and this focus that create the variety of experience.

Friends and Professionals: Relations with Families

Differences in personality and style on the part of the family workers also account for some variation in program treatment between families. The workers' individual styles range from cool professionalism to sisterly comraderie. Pat, for example, is most professional in style and tends to present her planned program to a parent during a home visit regardless of the parent's mood or the tenor of the household at the time. (On the other hand, other workers will note the lack of receptiveness of a parent to a long, planned home visit and leave after ten minutes.)

Stephanie is generally hesitant to offer too much direct advice to parents on parenting and child development for fear of being intrusive or meddlesome. With one parent, Denise, she is particularly reluctant to introduce too much parent education material because she feels Denise to be an already over-anxious and pushy parent. She fears that her added instruction might make Denise overly conscientious in her efforts to help her children advance. She instead tempers her formal program to this family with much supportive warmth for Denise and quiet affection for the children.

Stephanie's effectiveness at the level of support is primarily a matter of personality. By sheer force of energy and will, she seems to be fairly successful in overcoming differences in race, age, income, and education that might be barriers to friendship with her families. On the other hand, the strategies that Stephanie uses to make friends with her clients do sometimes interfere with her role as a parent educator. She seems to feel that she has to talk, move, and comment constantly when in interaction with her parents and their children. As a result, the information that she is attempting to convey to parents sometimes gets lost.

In sum, rapport is established in various ways by the individual workers, with differing results. In many cases, this rapport is maintained over time through the quality of the worker's relationship with the extended family. Patricia, for example, lives with her mother in her mother's home. Home visitor Janice always spends some time of each home visit relating casually to the head of this household. She is also on similar terms with Karen's mother, who is in Karen's home helping with the children during most visits.

Home visitor Eva is intricately involved with the extended families of both Lisa and Christine. Lisa lives with her mother, as do other siblings and their children. There are, therefore, always several people in the house during a visit (adults and children). During our first visit, Lisa's mother was present. The worker had observed earlier that this family is a matriarchy, with Lisa's mother as the head. She noted that the grown children address their mother as "ma'am" and are very careful to show respect. The worker was also careful to be part of this system. She was extremely polite to Lisa's mother when she was present and very careful to ask about her health and send her regards when she was not, thereby recognizing and following the family structure.

Eva is entwined with this family in other ways as well. She is also the home visitor for Lisa's sister (Ruth) who maintains a separate household. She has been with Ruth for a number of years. At one point, Eva noted, her relationship with Lisa may have improved as a result of successes that she was having with Ruth and her son.

The usefulness of Eva's dual relationship with Lisa's family was emphasized during one home visit, when Lisa's 15-year-old sister was sucking her thumb. When I mentioned this behavior to Eva, she immediately said:

> That is a family trait, they all do it and are not self-conscious about it. . . . Ruth is Lisa's 27-year-old sister; she is one of my families, and on the day when I helped admit her to a hospital, she sucked her thumb.

This is a good example of how a worker's involvement with the extended family of a parent not only maintains rapport, but also helps her to better understand the family, its characteristics, and its way of functioning as a unit.

Similarly, when Eva visits Christine, she includes Christine's two-year-old sister, Amy, in her visits when the child is present. She does this naturally. A casual observer would assume that Amy was also Christine's daughter and not an extended family member who lives in another household.

Continuity of the worker-family relationship does not appear to be a problem at this site. Most of the workers have been witn their families for a number of years. Pat is the only worker who has been observed with a family that she has known for less than one year. Her somewhat strict, professional demeanor, as previously described, may be her way of handling these relatively new relationships. Toward the close of the study, her interactions with Sara, particularly, seemed to be evolving in a more egalitarian direction. It would be interesting to observe these two women together again in a year's time.

Over the course of the study, some families have changed both internally and in their interaction with the program and their worker. In two cases, these changes have become apparent to the involved worker as she pursued her relationship with these parents. The workers do not know what part they played in the change, but as always, they are ready to continue with the parent on her terms.

Laura, the crisis-oriented mother of eight, has become more positive about herself and her future. She openly discussed her feelings about her life and her children with the worker and she has made some steps toward beginning vocational training. She also has volunteered to participate in some CFRP program activities and has been able to follow through on these commitments.

Theresa, after nearly a year of withdrawal and silence, mentioned her feelings about the tragedy that had hit her family (a death). She did this casually and voluntarily with her worker during an after-hours child assessment taking place in the CFRP office. The worker had consciously avoided bringing this up with Theresa, in order to give her time to work through it on her own. However, when Theresa mentioned it, the worker was quick to notice and pursue it with her carefully and briefly.

Personal Problems in the "Classroom": Parent Education and Social Services

As already noted, the home visitors sometimes have to struggle to achieve a balance between offering parents their planned curriculum during home visits and individualizing their visits in order to meet family needs. The way in which a harmony between these two sometimes conflicting areas is maintained depends both on the individual worker and on the inclination and interests of the involved parent.

Home visitor Janice resolves the conflict between planned curriculum and family needs in a most dramatic way with Karen and her family. Janice's speech is almost always in the black dialect, and she generally makes no effort to change it with her families. She relates to them with casual familiarity ("I know how you feel, baby" or "Forget that, honey, your baby's too young for Head Start, we don't want him yet") and only steps out of this role when she is presenting formally planned material at the beginning of some visits ("You will actually be implementing the home-based yourself"). In general, when the subject matter moves into social service-related areas or family needs, her speech patterns change and her manner becomes visibly more colloquial and familiar.

Karen and family greet "Miss Janice" as a friend. There is a warmth and a casualness of response at the beginning of most visits that indicates they have no serious reservations about her presence in their home.

Karen tends to listen passively and quietly while Janice is "playing professional" and only begins to participate actively when the subject changes from child development to family needs and Janice becomes more casual. It is difficult to discern which is cause and effect in this situation, but this pattern of interaction between Karen and Janice has been observed on several occasions.

Home visitor Eva has a consistent interest in conveying some child development information to her parents. What she does choose to convey to parents in the area of child development is well received because she enjoys a good, carefully established friendship with them. This is particularly evident with Lisa. Much time appears to be wasted in joking and empty banter or unused time, but the limited amount of formal parent education that _is_ introduced is accepted and applied by Lisa.

In the case of Laura and her eight children--the only multi-problem family that was observed, it appears that home visitor Stephanie is able to slip in her child development material between crises. But she has to work harder in doing so and to be more energetic about getting her message across. For example, during one unplanned but still typical crisis-oriented visit, Stephanie took advantage of the opportunity to conduct a brief formal home visit and offer language development instruction. During this visit, she also brought up her concerns about one child's delayed speech and possible learning problems, and discussed plans for vocational education for Laura.

By contrast, the visit that followed this crisis visit was designed to be the planned visit on language development. Laura and Tim, the two-year-old, and Jon, the one-year-old, were at home. For the entire visit, the worker worked with both mother and children together. She instructed Laura and demonstrated her points through play with the two children. For example, when the value of finger play was explained, the worker initiated games with the children and then encouraged Laura to join in the finger games with the boys. As Stephanie was particularly concerned about Tim's speech and hearing (an evaluation was pending), much of the play and discussion focused upon Tim and these concerns. There were also brief periods when the worker played alone with Tim. She tried continuously and unsuccessfully to stimulate him to respond verbally.

The developmental focus of this visit was, therefore, language-related. However, there was a constant intermingling of discussion about child-centered problems and family needs. For example, the worker often initiated conversation about Tim's delayed speech and various other physical problems that concerned her. She also asked Laura if she was still having trouble getting the children to sleep at night and offered suggestions for improvement. In addition, she inquired about the continuing behavioral difficulties of the 10- and 11-year-olds in school and at home, and about problems in toilet-training Tim. Laura took an active part in the discussion for only the latter two areas. She seemed to want help and guidance with these problems but did not consider Tim's speech and physical problems to be a concern, and therefore listened passively, commenting infrequently.

The family problems that were discussed sporadically throughout concerned such things as Laura's continuing problems with her ex-husband and the effect this was having upon the children. Various other needs of a more practical nature were brought up by the worker, such as economic aid for fuel during the winter. The visit was therefore a somewhat uneven mix of child development and language-related issues, and social service needs. The visit thus at times appeared to have little focus and was a potpourri of interactions between mother and worker about both child development and social service needs. The visit was nonetheless impressive in the amount of energy that the worker invested in actual play with the children. There was a continuous attempt to involve them, while instruction and information was offered to their mother.

6.4.2 Parent Study at the Parent Center

Parent Study groups are conducted at the Parent Center (a separate building) on a weekly basis. This is essentially a parent support group led by a professional family counselor who is employed by the Family Counseling Center, an agency which has a contractual arrangement with CFRP. Children who attend with their parents are cared for by the CFRP workers in an adjacent playroom. I did not observe Parent Study because I felt it would be a violation of the privacy of the involved parents.

Of those few parents that I spoke to who had participated in Parent Study sessions, all said that they welcomed the chance that they offered to discuss their problems with other parents. Karen, in particular, noted that these sessions had helped her deal with her feelings toward her son Kevin (a child who has demonstrated severe behavior problems and has been in counseling). She stated, "I used to hate to come home because I knew he would be there . . . he still makes me angry, but. . . . " She now feels she can handle this anger better and attributes this to the help she received through Parent Study and to Kevin's counseling (referred through CFRP).

Other parents had never attended Parent Study and had no intention of doing so. The typical reason given was that they were not comfortable discussing their personal problems with others in a group. One worker explained that parents who were not interested in Parent Study made this known, and were not pushed into attendance. She noted that some of her less interested parents "might be open to learning how to help their children in the Center-Based Program, but are not able to talk in a group about family or personal problems." Generally, between four and ten parents attend Parent Study. Of this group, about six participate on a regular basis. Parent Study groups are not part of the parent education sessions of the Center-Based Program. They are considered by staff to be a form of counseling that the program offers directly to parents.

The play group that evolves among the children of parents attending Parent Study is this site's version of an infant-toddler session. The workers and children were consistently observed together during Parent Study times. Between six and ten children are generally present on Parent Study mornings. They have ranged in age from infancy to eight years old, but the oldest is usually three, as children aged four and older are in Head Start or school. In most cases, all four workers have been present. The playroom is large, sunny and cheerful. It is well stocked with toys appropriate for children aged one to three. These include climbing and riding toys for large muscle development (slides and bikes) and the usual array of blocks of all sizes, pull toys, tea sets, and so forth. There is a rug on the floor, beanbag chairs and a nice supply of rhythm and sing-and-do records for the children. The setting is therefore one in which children can be cared for while allowed to play on their own or one in which active adults have ample opportunity to interact with children in an instructive manner. (This is also the playroom that is used to entertain children during those Center-Based Programs that are planned exclusively for parents.

During one Parent Study meeting, there were ten children present aged from infancy to eight years. What evolved was a supervised playgroup. Children were encouraged to play with blocks and dolls, while individual workers coached others in play with colors and numbers. There was also much cuddling observed between some workers and some children. In addition, there was a brief circle time during which song and learning play took place to the tune of rhythm and sing-and-do records.

When parents spoke of bringing their children to the center, they often mentioned how much they enjoyed playing with the wide array of toys. It is a chance for children to constructively experience relatively expensive educational playthings in a controlled environment.

6.4.3 The Center-Based Program at the Parent Center

The program in child development that is delivered by the workers to parents during home visits is intended to be buttressed by the center activities. The Center-Based Program is exclusively and formally concerned with issues related to the physical, intellectual and emotional development of the child. Unrelated matters (i.e., social service needs) are seldom discussed during these center activities.

Four of the regularly planned monthly Center-Based Programs were observed during the course of the study. These included the morning session for nonworking parents and the evening session for working parents. (The October and March programs were not observed because they conflicted with other study-related responsibilities.)

The Center-Based Programs are included as part of the monthly curriculum in child development. They are designed to augment and reinforce the material introduced individually during home visits. Generally, the theme for the month is the same for the Center-Based Program as it is for the home visits. Again, the family workers plan and present the program. Each month one worker is responsible for researching, planning, and presenting her program. Sometimes one or two workers present the program while the other two care for the children in the playroom. At other times all workers are variously involved with the parents and children who are participating in the program together.

The "Good" Parent and The "Bad" Parent

Of the four programs that were observed, November was the only month that was designed solely for the education of the parent. During both November sessions, the children were cared for in the playroom by Janice and Pat, while Stephanie and Eva presented the program to the parents in another room.

The program for the month dealt with language development. Four parents were present for the morning program. The workers began with some general suggestions on "ways to stimulate and develop language" in young children (such as, "describe to your children what you are doing," and "match your words and expressions to say what you mean"). They then acted out a skit that they had planned. This was designed to illustrate humorously "good" and "bad" ways to attempt to encourage language in their children. In essence the "good" parent listened to her child, tried to draw her out and was patient, while the "bad" parent was irritable and impatient. The possible effects on the child of these varying modes of parental behavior were also illustrated. The style of the workers presenting this skit was dramatic, humorous, and exaggerated. Parents who had seemed bored responded with amusement and laughter, although none had questions when the workers called for them after their dramatization.

The CFRP nurse then presented a 15-minute film that outlined general expectations for the physical, cognitive, and social development of the child between 18 months and three years of age. Parents seemed to follow the film carefully, but again there were no questions until Christine (the only study parent present) made a comment about the behavior of her youngest child. Another parent then asked a question which started an interchange between this parent and the CFRP staff. This dialogue is interesting for its didactic content:

> Mother: What about when they whine?
> Stephanie (worker): How old is your "whiner"?
> Mother: Almost four. She is the oldest.
> Stephanie: Maybe it is because she is the oldest.
> Infant-Toddler Specialist: What does she whine about?
> Mother: Anything she wants.
> Specialist: What do you do?
> Mother: Different things . . . spank her.
> Specialist: Did that help? Maybe you could talk to her or substitute something else.
> Eva (worker): Maybe attention is needed.
> Specialist: How old are the other children?
> Mother: One and two years old.
> Specialist: Possibly she misses being the center of attention.
> Mother: She loves attention.
> Stephanie: Give it to her, but not just when she whines.
> Specialist: With parents it is a continuous learning process.

Eight parents attended the evening program. Among these, Lisa was the only study parent who was present. She listened to the program, but did not actively participate.

The Christmas Party

The Christmas party fulfilled the December requirement for a Center-Based Program. December was designated as the month to promote social and emotional development. As part of the agenda, parents and children were encouraged to decorate the tree, sing carols, and enjoy refreshments together. The party was expected to be a happy time when parents and children could be provided with opportunities to constructively interact and to enjoy each other's company.

The morning program was lively with 13 parents and 20 children of all ages present in one large room. The workers moved among the parents, talking casually, helping to care for infants, and serving refreshments. Christine and Laura were at this party. Each brought two children.

The evening Christmas party was less festive. Eleven parents and 15 children were present, but everyone, including the workers, seemed to be tired. Denise and her two daughters were at this party (because of church commitments, Denise has been unable to attend other center functions). They were unusual in the group on this night in that they took an active part in the planned activities. Denise encouraged the girls to decorate the tree and helped them do so. She reacted affectionately and instructively toward her children, recognizing their Christmas excitement and helping them to handle some of their exuberance. Sara and her children were also present. They sat quietly and participated only minimally in the festitivies.

Let's Move Together

January was the month for large muscle development. The four workers had, therefore, ambitiously prepared an exercise course in a large upstairs room of the parent center. There were large footprints for walking, a slide for climbing, a line for balancing, a tube to crawl through, cans to throw in, and boxes to jump over. For the first presentation only four parents and one child were present (no study parents). Noticing this, one worker commented disappointedly, "You know when we plan our most elaborate Center-Based Program the fewest parents come."

Nonetheless, the workers explained the program and the purpose of the activities to the parents who were present. Pat was the leader of the group. She was very physical, very charming, and very good. Her interest was infectious. The parents and workers and one child joined in circle activities; they hopped, skipped, and clapped to listen-and-do records. Then the two-and-one-half-year-old child went through the course again, spontaneously, with his mother. The workers laughed while watching the child try to jump over a big box. Janice observed, "For him to jump over that big box is like us trying to jump over a table." When he finished with his mother, all of the workers clapped for him, and he smiled shyly.

The second time that this January program was presented, there were six children. Sara was there without a child, and Laura came with Gracie (age four). One parent who hadn't brought her child commented that she should have done so--"He would have enjoyed it." Again, all of the workers, parents and children participated together. All of the children were eager to repeat the activities, the parents and workers together laughed and joked as they helped the children. Briefly, before the activities, Pat passed around the handouts on gross motor development and explained the value of the planned activities for the physical development of young children.

The most notable aspect of the January program was the obvious enjoyment of all participants (mothers, children, and workers) as they played and talked with one another.

It's OK to be Messy

The February program was part of the monthly curriculum on fine motor development. Again, parents and children were together. This time there were five parents and five children (no study parents). Eva was in charge of the program. She began with a brief lecture on "what is meant by fine motor" and what parents can do to aid its development in their children. Her suggestions included the use of playdough and finger paints.

The worker then introduced the planned activity--children and parents were to decorate a cupcake together. Each mother and child were given a cupcake and icing along with decorative candy. Children chose their own colors and parents were instructed "to let the children do it, to tolerate messiness, and to allow tasting." The activity was a quiet one, as the children--under the tutelage of their mothers--decorated with great intensity. Throughout, the workers circulated among the group--to watch, help, and encourage.

The evening program did not take place in February because three of the workers were participating in a course on the administration of the Denver Developmental Child Assessment. The course was scheduled for five consecutive Tuesday evenings. This conflicted with the one Tuesday per month schedule for Center-Based Programs.

In summary, Center-Based Programs sometimes follow through on the dynamics of the home visits by educating the mothers, while the children play separately. However, at other times, there are activities planned that invite participation by both mothers and children. On these occasions, workers instruct parents and participate along with them. In this way, they are able to show them how to interact with their children in order to enhance their growth in the various areas of child development.

6.4.4 CFRP and Parents' Employment

It has been noted that most CFRP parents are working, or have worked in the past and are actively seeking employment. The pursuit of educational goals is encouraged as a means to better employment opportunities. The practical philosophy governing this is that single women can provide structure to their lives through work or school.

Neither the staff nor the CFRP families at this site express conflict over the dual roles of the working parent. Working is viewed as a necessity, and there is little time for the luxury of wondering if it should be another way. Several parents said that they worked or wished to work so that they could buy their children some of the things that they needed and wanted, like clothes and toys. For preschool children, Head Start or HRS-operated day care homes are viewed as a constructive arrangement while their mothers work or attend school.

However, once working, the schedules of these mothers often conflict with the working schedules of the CFRP workers. The home visitors, who have family obligations of their own after 5:00 p.m. and who are not paid overtime, have an understandably difficult time catching up with the full-time working mother. The mothers themselves are often overwhelmed with their schedules and less amenable to consistent program contacts. One home visitor noted further that in the early evening children are usually tired and not easy to work with, either for purposes of parent education or child assessments.

Lack of time is a problem of the working parent that is handled in various ways by the CFRP staff: they limit the number of home visits, making contacts brief, and sometimes combining several visits into one. For example, during one hour-long visit, Theresa's worker caught her up on three center activities that she had missed, delivered two months worth of information from the planned agenda for home visits (on language and social and emotional development), and conducted a child assessment.

Theresa explained that home visits can be difficult for her because she and the children are tired at night (she rises at 6:00 a.m. to prepare for work) and because there are so many "other people" in her home. As a result, though a mother is encouraged in her goal to work and the benefits of her working status are recognized by the program, contacts paradoxically become less frequent once she begins full-time work.

Christine, for example, is the mother of an 18-month-old, a four-year-old, and a six-year-old. She had worked as a maid and a nurse's aide in the past. Though not working at the start of the study, she, her home visitor and her record supported the fact that she would like to seek better employment and was willing to consider school as a means to this end. This came up casually during every home visit, as well as being the prime focus for the assessment team when her case was presented.

During home visits, Christine seemed to enjoy her contacts with her worker. She was also quite child-centered as she discussed her children and her efforts to help them. She did listen actively to the suggestions for specific educational or employment opportunities made by the assessment team and relayed to her by her worker during a home visit. For several months, however, she did nothing to follow up on these recommendations. Then, when the worker attempted to make one scheduled home visit (home visits had been taking place on a regular basis), she learned that Christine had started to work. For two months after this, the worker was unable to contact Christine despite repeated efforts. It appeared that the long-discussed acquisition of a job had effectively interfered with all program contacts.

When I visited Christine at the close of the study, she said she had taken a job as a maid to help pay for medical bills incurred while her youngest child was extremely ill. (This child was better and being cared for in her home by a relative.) Christine looked tired and distraught. When asked how things were going, she only responded, "They'll get better." She did say that she wished to work out an arrangement with her worker so that she could have home visits on her day off.

In retrospect, this mother, prior to working, had been a relatively high-participating CFRP parent. Home visits were regular (at least once per month), she attended morning Center-Based Programs with her toddler when possible, and she appeared to enjoy her children and her contacts with the program. When the family experienced a crisis, Christine was forced to work without the benefit of the prior planning or recommendations so carefully made by the assessment team. The worker was unable to help during this period or become involved at all because Christine's work schedule interfered. It appeared that a time had come when she needed CFRP more than ever but was unable to utilize it because of her own turmoil and the hours that she was required to work.

In other cases, if full-time work is coupled with a parent's reluctance to participate for other reasons, then service is for all practical purposes discontinued (though not officially so). For example, one parent, Denise, has such a strong commitment to her church that she is required to attend church-related functions three nights per week. She also works full-time and is the mother of three- and five-year-old daughters. This hectic schedule makes attendance at center functions quite difficult. Furthermore, the worker is sensitive to Denise's fatigue after a busy work day, and to her need for some quiet time alone with her children. Home visits, therefore, take place infrequently (three times in a six-month period), and when they do occur the worker feels obligated to be brief. During these visits, the children are tired and hungry and Denise tends to be irritable with them as she attempts to listen to her worker. The worker is not satisfied with this state of affairs, but sees no alternative other than to meet with Denise over her lunch hour. The arrangement, however, eliminates any possibility for work with the children.

In this case it is not only Denise's schedule that interferes with participation in the program or formal contacts. Her church appears to be her primary support network--one which replaces CFRP in importance. As it is part of the philosophy of the program "to let people be" and to relate to them only as they wish, in a non-arbitrary fashion, it is predictable that this situation would seriously inhibit the worker's attempts to pursue formal contacts. She does, however, attempt to remain a friend to Denise and to be available on an as-needed basis. Denise has expressed appreciation of this role and attitude on the part of her worker.

Another parent, Theresa, is mourning a death in the family. In the judgment of the worker, she effectively withdraws from all contact after this trauma. The mother also begins to work full-time as she attempts to cope with her loneliness and depression. After a year's time and sporadic contacts with the program (two complete home visits in a six-month period), this parent appears to be doing better. Only then does the worker ask very tentatively how she is getting over the death. It is in the spirit of this CFRP that parents are not pushed to any type of inquisition or ever asked too much. This parent did mention that she was glad her worker had waited so long to ask about her "sadness," although she expressed her strong feelings of isolation and loneliness during this period.

Assistance with Day Care

A proper child care arrangement for preschool children is an ongoing concern for working parents. If children are of Head Start age, the worker advises the mother about eligibility, applications, and registration procedures. If the parent has difficulty with any of these processes, the worker will direct her or assist as needed. For younger children, an HRS-licensed day care home ("Playpen") is the most commonly sought solution to the problem of child care.

If a parent is planning to work, both the Assessment Team and the worker will advise her of her need to contact Playpen about possible day care (unless it is understood that an extended family member is available for this purpose). Generally, the mother is provided with the names and numbers to call by her worker, as Christine was. In other instances, the workers report that they make the initial contact for parents if it is judged to be necessary.

Playpen is one of the agencies that is always represented on the Assessment Team. The Playpen system and its workers are well known to the CFRP staff. If there is a problem with a CFRP child in a Playpen home, the CFRP worker can easily advise the mother how to handle it or can speak with the Playpen worker herself. For example, one mother had complained to her worker of the poor treatment that she felt her one- and two-year-old sons were receiving from their Playpen mother. This worker had previously spoken with the day care mother about the children while conducting a child assessment in the Playpen home. It was her judgment that the day care mother liked neither the involved parent nor her children. She reported this to the Playpen worker, as did the parent, and children were moved to another day care home.

When another Playpen home was being closed because of an infraction of the rules by the day care mother, Denise was left without immediate care for her three-year-old. Denise has a busy work schedule and is also particular about who cares for her children, and she was not pleased that the home was being closed. Her worker advised her to complain to the Playpen supervisor about the precipitous loss of acceptable care for her child and of the inconvenience that this would cause her.

Regardless of some individual problems, Playpen day care is viewed as an adequate alternative for the working mother by both CFRP staff and families. The easy communication between Playpen and CFRP staff helps to resolve any difficulties that do arise.

CFRP and the Nonworking Mother

The nonworking mother is generally regarded as needing to find work or to improve her employability through further training or schooling. Her expressed efforts in this direction are consistently encouraged by the staff. If loneliness or isolation appear to be problems, the worker may attempt to offer solace as a friend during home visits. She may also help the mother to view employment as a means to outside contacts.

The majority of nonworking single mothers have worked in the past and are currently looking for work or considering school as an avenue to better employment opportunities. This category, then, is extremely fluid: both families and staff tend to view the nonworking status as a temporary one. One family worker aptly expressed the world-view at this site: "There are few people who wouldn't want to stay home _if_ they could afford it; and few who don't want to work full-time since they need the money."

During each of the three home visits to Christine before she began to work (these were in October, November, and December; she began working again in February), the worker spent some time casually asking her about her progress toward getting a job or deciding on further training. (These visits were otherwise spent in formally planned parent-centered activities designed to promote child development.) Specifically, the December visit was a planned home visit, but was combined at the outset with feedback to Christine on the recommendations made by the assessment team at a recent meeting. These concerned jobs, schooling, housing, and finding proper day care for her youngest child. It was agreed by Christine and her worker that the search for better housing would be put on a "back burner" as she attempted to resolve the other three problems. For the first 15 minutes of an hour-long visit, the worker helped Christine prioritize her goals (for a form that was to be placed in the record) and provided her with phone numbers she was to call concerning job training and day care.

It might be noted that Christine did consistently, though briefly, voice her concern over finding employment and good day care. However, the greater portion of her conversation during home visits and center-based activities dealt with her descriptions of the behavior of her three children, her efforts to deal with it, and her interest in helping her children to grow intellectually (through answering their questions and helping them with their schoolwork). Nonetheless, all of the recommendations made by the assessment team dealt with job and training needs.

For the nonworking parent, formally planned home visits tend to occur fairly regularly--that is, at least once per month. As a result, other items that the worker has on her agenda (besides work or school) are able to emerge. Relief from loneliness or isolation for the single nonworking parent is at times on the agenda.

On the basis of the three home visits observed before Christine began to work, it appeared that the worker considered one of her main functions to support Christine so she could function better with her children. Furthermore, Christine seemed to enjoy her contacts with her home visitor. At the beginning of the December visit, for example, she was obviously ill-humored. During the course of the visit, however, as she interacted with the worker and carried out her planned activity while the worker entertained Jessie--her 18-month-old--her mood changed. She laughed more, became more relaxed, and talked openly with the worker. Her mood did not change, however, in relation to her four- and six-year-old sons. As she attempted to carry out her activity and talk with the worker, her episodes of yelling at them to "stop" or "move" actually increased. From these observations, it appeared that Christine enjoyed the adult contact and relief from isolation that the worker's visits provided, even though they seemed to be counterproductive at times with regard to improved parent-child interactions.

Just as Christine's worker functions as a supportive friend while also discussing future work goals, Theresa's worker operates from a different perspective. The personal trauma mentioned above had caused Theresa, the mother of three young children, to become depressed. She reported that feelings of loneliness and apathy overtook her during this period. According to Theresa, both her family and her family worker encouraged her to work to improve her spirits. (Home visits themselves were not viewed as a means to do this.) She stated, "They knew I didn't want to work, but they still encouraged me to get a job, so that I would get out of the house." Thus, the advice and encouragement to work was reportedly this worker's primary emphasis with Theresa during this time of crisis. This mother did find a job and now states that she is glad that she did so.

Since Theresa began to work, the worker has had increased difficulty reaching her for home visits. She attributes this partially to Theresa's work schedule and partially to her "withdrawal from everything" after her trouble. Theresa attributes the decline in the number of home visits (two in six months) to her decreased interest and lessened desire to participate because she is tired at night.

6.5 Program Services

The CFRP staff consider the most basic and direct services they provide to be the parent education curriculum offered through the home visits and the Center-Based Program. However, aside from this core program, there are various other direct services, including the following:

- the provision of health care for CFRP children;
- quarterly child assessments;
- family counseling;
- a School Linkage Coordinator who helps to solve school-related problems for school-age children of CFRP families; and
- a well-maintained system of referrals with other community agencies.

6.5.1 Health

The Head Start-CFRP nurse, who is on staff full-time, listed the following as part of the health care provided to CFRP families:

- yearly physicals and follow-ups for all CFRP children;
- regular blood work/check-ups with follow-up and referrals when necessary;
- dental and eye screening with proper follow-ups and referrals; and
- regular checks on immunization records and referrals when indicated.

The nurse makes home visits on a daily basis to insure that important medical recommendations made to parents are carried out and referrals are followed up. According to the workers, the nurse, and several parents, the health care offered to children is the most direct and unambiguous service provided through the program. In addition, the nurse can function as a health educator to parents in the program through films and lectures offered during regularly planned center activities.

When necessary, the CFRP home visitors make referrals to the CFRP nurse. They also bring applications to parents for various health services in the community.

Karen's family provides a good example of CFRP's help with health-related problems. Prior to Karen's participation in the program, she had been diagnosed as having sickle cell anemia. The nurse referred her for a rediagnosis to a doctor in the community who works closely with CFRP-Head Start families. The diagnosis was changed to sickle cell trait. Karen credits the program with helping to straighten out this matter, which had upset both her and her family.

In addition, aid with the health management of her family is a continuing benefit for Karen. A portion of each home visit has been related to such health matters as the need for physical examinations, eye and hearing re-checks, and blood work. Typically, Karen or her worker brings up these issues; the worker makes a referral to the CFRP nurse; and the proper follow-up is presumably carried out. According to Karen, the medical referrals are among the most direct and useful services offered by the program. She specifically mentioned that through Head Start (she does not differentiate between Head Start and CFRP), she first found out that her children were eligible for Medicaid and that she could therefore take them to her own pediatrician, which she does on a regular basis. The information was first provided to her through her home visitor and the CFRP nurse.

6.5.2 Child Assessments

The Denver Developmental test is administered to all children in the Prenatal through Three Program. These child assessments are done four times per year by the home visitors. The manner in which the family worker may use this developmental test as part of the continuous assessment process at this site has already been described in Section 6.3. The way in which the results of the visit may be incorporated into the home visiting plan was also described.

Several parents did not seem to realize that the child assessments done in their homes were different from the regularly planned home visits. Sara, in particular, was not aware that these activities were part of a formal assessment process. Nonetheless, she stated that by watching her worker do these things with Sam, she learned about activities to try with him and skills that she might come to expect or try to teach (such as block stacking or ball kicking).

6.5.3 Counseling

Counseling services to parents are part of the program. The CFRP at this site has a contractual agreement with the Family Counseling Center. On this basis, family workers may directly refer parents and children for individual counseling.

On the basis of a CFRP referral and recommendation made by her family worker, Karen and her son Kevin have received individual counseling through this Family Counseling Center. Karen attributes the improvements in Kevin's behavior and her better ability to handle his problems to their personal counseling experiences. This service is no longer being received, although Karen would like to see it continued. Karen does not understand why counseling was discontinued: no explanation was ever made; visits were just stopped. Over the months, Karen's worker has been promising to try to follow up on this for her.

6.5.4 School Linkage

The School Linkage Coordinator was on a leave of absence for three months of this study. However, she was observed at some assessment team meetings. At these times, she was able to volunteer pertinent information about the school problems of various children from the family under discussion.

Sara noted that she had not been aware that she could call Pamela--the School Linkage Coordinator--for help with school-related problems with the children. Once she discovered this (from her worker), she phoned her about a problem that Greg (age six) was having in school. Sara emphasized that it was most helpful to have Pamela come to talk with her about the problem and then to visit Greg's teacher along with her. When asked why it had been beneficial to have the School Linkage Coordinator with her at school, Sara responded, "She knew the right questions to ask that I wouldn't have thought of . . . like his placement on tests and what could be done to help him improve."

6.5.5 Referrals

Several parents noted the CFRP's unique system of referrals as the aspect of the program that they appreciated most or found to be most helpful. For example, Karen stated, "Other programs just tell you what they can do, but they won't refer; and if you don't want to do things their way, you're off the program."

Sara also spontaneously described the CFRP system of referrals as the most helpful and appreciated aspect of her participation in the program. "If I have a problem with me or the children, I can just call Pat [her CFRP worker] and she will refer me." For example, the CFRP nurse told her that her worker could help her get taxi transportation for doctor's appointments, and she also was referred for dental services for the children. In each case, Sara was given the names and numbers of the proper agencies by her worker to follow up on her own.

6.5.6 What Does CFRP Mean to a Multi-Problem Family or a Family in Crisis?

Only one of the nine families included in this study fits this category--Laura, the 30-year-old mother of eight. The way the program functions in relation to such a family appears to be different in several significant respects.

There are few regularly planned home visits to this family (three in six months); visits usually occur when a need or a crisis makes them possible and necessary for the worker. The worker, however, has many outside contacts about this family with such agencies as the Department of Health and Rehabilitative Services and with the administrative and social work staff at the schools of the older children. The worker also maintains continuous telephone contact with Laura concerning various problems. Since there are many other social service agencies already involved with this family, the CFRP worker's role and significance is often defined by how well she engages herself in this social service network that surrounds the family.

A staffing on this family was called by the Protective Services Team of a local children's hospital, to whom Laura's family has been known for a number of years. Ten people were present, including HRS representatives, the social worker from the school for the older children (who presented the case), the Protective Services lawyer (who chaired), and a pediatrician from the hospital. The CFRP worker was the one person in attendance who had had sustained contact with the entire family. Others had never met Laura or her children (including the lawyer and the pediatrician), had had only minimal contact, or, as in the case of the social worker, had dealt with only some of the children in the school setting.

In the course of this meeting, the lawyer made it clear that he felt the purpose of this team effort was to "build a case against the family" in order to have the older children removed from the home. He noted, "How far do we go? We all know this family is in trouble." The pediatrician, in recognition of the CFRP worker's continued contact with Laura, asked her about her feelings when in a room alone with Laura. On the basis of her unwitting response, he "diagnosed" Laura as pre-psychotic.

The CFRP worker was relatively quiet throughout the meeting. Many of the others by contrast had many opinions (all negative) which they were anxious to express and pursue. At one point, the lawyer condescendingly deferred to the CFRP worker, saying, "Now let's hear about those little guys." (The worker had emphasized how much better Laura does with the younger children and how much she "loves the babies.") Thus, in spite of the worker's greater experience with the family, she was treated as a low-status person by the group. Her serious comment that a full-time homemaker might help Laura manage her family more effectively was treated as a joke by the lawyer.

It was apparent from the comments that the worker did make that she felt caught between her genuine concern for the welfare of the children, and her desire to remain an honest ally and friend to Laura. She did note her frustration in dealing with Laura early in the meeting when she stated, "I've been a bandaid, I get her a stove and a refrigerator and nothing gets better."

At the end of the meeting, the team recommended temporary removal of the older boys from the home, counseling for Laura, and a psychological evaluation for the two-year-old child. A second staffing was to take place in a month's time (it never did). Their official judgment of Laura was that "She is essentially noncooperative and not able to provide her children with the supervision, guidance and emotional support necessary for their well-being." None had a specific plan for the boys, or an idea for a viable or realistic placement for them. Nonetheless, the laywer was adamant that a case should be built against Laura so that the children could be removed, against her will if necessary.

Throughout the meeting and afterwards, it was clear that the CFRP worker felt these machinations to be dishonest, unkind, and unnecessary. She noted afterwards that she favored offering Laura continued help and eliciting cooperation from her for whatever was needed. She had already indicated in the meeting that she felt that Laura might welcome temporary residential care for her nine- and ten-year-old sons. She also pursued the name of a residential treatment facility in the community. There was no follow-up on the recommendations made in this meeting. However, the CFRP worker continues her friend-counselor relationship with Laura, helping her to manage however and whenever she can.

This meeting provided a good contrast between the "CFRP way" and that of other agencies. Even though her concerns may be the same, the CFRP worker is a friend and an ally--not an adversary. Even a severely handicapped family is viewed as a functioning dynamic unit, capable of an ongoing relationship and consequent growth and change. On the other hand, the worker's status and power were so low that her influence on the actual outcome of the meeting was minimal. No advocacy role was given a chance to develop. She has long felt that an HRS-sponsored homemaker would be of great help to Laura and her family. An HRS supervisor was present at the meeting. Nonetheless, the worker's quiet suggestion for a homemaker was ridiculed by the lawyer and went unnoticed by the others.

Laura did not know about the meeting, but she does know her worker and the CFRP. How does she feel about them? She stated it this way:

> I know I don't go much [to center activities] because of my back problems and all the trouble I've been having but I really like it [CFRP]. . . . It's really good. They're like another family. Miss Stephanie is a friend like . . . I like the way she comes and plays with the children. They all love her. I like that. . . . To tell you the truth if it hadn't been for them, I may have had a nervous breakdown by now. . . . It's like having somebody else there who cares and when I go to the parent counseling [Parent Study] it's good. It's like I relax. . . . Having other people around who care about you . . . and I take the kids, and they play and like it. . . . Also, the nurse is a help. She went right with me to the doctor's once.

6.6 A Fiction Family Story: "A Slice of Life"

Marcia Andrews is 20 years old. She is single and she is black. Her oldest child (Christoper) is three years old. Her youngest is Mark, age two. She is also expecting her third child in three months' time. As a result of her current responsibilities to her children, she is not working. She is supported by AFDC payments. After the baby is born she might consider working, but since she has only an eleventh-grade education, a job might be difficult to find.

She is concerned about managing her two active young boys and a new baby. Her sister, who lives nearby, suggested that she try to enroll Christoper in Head Start in the fall. When she did this she learned that there was also something called the CFRP attached to Head Start. They said that they would try to help her with other things, like the new baby and managing three young children. It sounded good, so she agreed to allow a worker to come to visit her in her home and speak with her about it.

The worker, named Tanya, arrived one afternoon when the boys were "driving her crazy." She immediately started to play with the children and they loved it. It was a break in the day for Marcia, who had a chance to rest for the first time. She liked Tanya--she didn't talk down to her like her other social worker did. She really seemed to understand. For some reason, there was something different about this agency person.

Tanya spent most of her time playing little games with the children during her first visit. But she also talked to Marcia about her family and her kids and her plans for herself. This surprised her: other people always came and told her what she had to do to get what she needed from them. Tanya was more interested in knowing what she wanted to do for herself and how they might help.

At this point, Marcia couldn't think beyond the birth of this new baby. She told Tanya that she was worried about handling all three children at once. Tanya then told Marcia about the Parent Study at CFRP. She said that once a week she could go there and speak with other parents about the problems that they were having with their children and that this might help. She said that she could also bring the babies and there would be babysitters there for them. This sounded like the best part of it. Even though her sister came over to help sometimes and she took her kids there, she often wished she had other things to do without the children, outside the house. Tanya also said that she would give Marcia pamphlets about baby care, but Marcia didn't think she needed these.

The second time that Tanya came, she again spent most of her time with the boys. This gave Marcia a chance to make dinner without the children at her feet. She did talk to Marcia briefly about setting goals for herself. This sounded odd, since she never thought of herself as having a chance for anything else but this. Getting started in the morning was sometimes such a struggle that getting out the door to do anything else seemed impossible. Nonetheless, Tanya kept at it, so eventually Marcia told her that it might be nice to be able to work and make more money to be able to get some of the things that she and the children needed and wanted. She added that she knew she couldn't get such a job because she hadn't even finished high school. Tanya then said that maybe she could get her high school degree and try to do better. This sounded impossible, but she politely let it pass.

Marcia's baby was born three months after Christopher started Head Start. Tanya had been by twice in that period. Her baby was a girl, Jennifer. After her birth, Tanya came by to see how she and the baby were doing. She did bring her some pamphlets about baby care. She read them. They didn't tell her anything new, except that you could never spoil a newborn baby by giving it too much attention and love. This startled her, it was so different from things her mother had said, but somehow it sounded right. She also enjoyed Tanya's visit because she felt so alone and tied up at home with the new baby now. It was nice having someone come in just to chat a bit. Also, by now Christopher and Mark expected Tanya to play with them whenever she was there. She brought along some blocks and played stacking games with them. Christopher seemed to be trying to count the blocks--"what a surprise." Miss Tanya did seem to know how to handle children. Tanya asked Marcia if the boys seemed jealous of the baby. She said that she asked because she had trouble with her own young daughter when her son was born. Marcia said that Christopher did seem to whine more than usual, but she had thought he was just being bad. Tanya gave her some suggestions. Basically she seemed to feel that Christopher would need more attention.

Marcia was not sure how she was to find time to give Christoper more attention, even if he did need it. She felt so overwhelmed most of the time--always on the edge of panic. Marcia didn't feel comfortable enough with Tanya yet to tell her this. However, somehow Tanya seemed to sense how she felt. She said that she had been through the same scene with her children and knew what a struggle life could be at such times. Marcia caught herself wishing that Tanya would visit more than once a month--to take the children off her hands for a while and to talk to her about her feelings. It made her feel less alone.

Instead, Tanya told her that she would pick her up the following week to take her to the Parent Center for Parent Study. Marcia agreed and took the boys and Jennifer with her. Tanya and some other workers at the Parent Center immediately took over the care of the children. She was then able to sit around and talk undisturbed with about five other mothers and a group leader. She felt shy at first, but the leader was warm and friendly and the other parents seemed to know each other and had no trouble discussing their problems. She mentioned how hard it was to get through the day sometimes with the children. Now, she would like to do something else, but didn't know what. No one told her what she could do, but most all agreed that days alone with young children were rough. It was good to know that other parents felt the same way.

After this, Marcia went to Parent Study regularly (at least two times a month). Over the years it seemed to help her a great deal. When she was having a terrible time getting along with Christopher, who was such a problem at home, the group helped her talk about her anger. This made it easier for her to deal with him.

Marcia and Tanya became good friends. She felt that Tanya knew her problems because she had experienced them all herself at one time. (Tanya is black, single, 10 years older than Marcia, with two children in their early teens). Tanya continued to come to the house and play with the children. Sometimes Marcia watched; other times, she caught up on chores. Among other things, she taught Mark to do puzzles when he was only three. She would also spend an hour rolling a ball with Jennifer or playing with blocks with Christopher.

After Marcia had been in the program about one year (Jennifer was now a year old and Mark was beginning Head Start also), Tanya reminded Marcia that she had mentioned when she came into the program that she might like to get a job. They both agreed again that this would be difficult since she had quit school in the eleventh grade. Tanya explained that they had recently discussed her case in a meeting with people from other agencies (at something called "the assessment team"). Someone from a vocational school had suggested that they help her get her GED and maybe some more education after that, so that she could get a better job. Tanya gave her this person's telephone number. Marcia intended to call but forgot for a number of weeks. When Tanya visited the following month, she said that she would call for Marcia and set up an appointment for her.

Tanya did this, and drove to the school on the first day. When arrangements for Marcia to start school had been made, she helped her find day care for her children. (Again, she gave Marcia a telephone number and helped her follow up a few weeks later.)

In the two years that followed, Marcia got her GED and started a course to teach her to work as a medical secretary. She was surprised at how well she did in school and began to feel that she really might be able to get a good job eventually. Marcia never really told Tanya how grateful she was to her for getting her started.

In the meantime, the children were growing up. Only Christopher remained a problem. He was so bad at home that she couldn't seem to manage him. Tanya arranged for him to talk to a counselor once per week. Marcia hoped that it would help, but she was doubtful.

Now that Marcia was in school, she sometimes didn't see Tanya at all for a month. Also, now home visits were different. For some reason, Tanya spent less time playing with the children and more time talking to Marcia. As usual she always asked Marcia about school and checked up on particular problems that she might be having with Christopher at the time. Mostly, however, she spent time talking to Marcia about things that she could do with the children herself. Tanya explained that these games, ideas, and suggestions were all supposed to help the children learn to do things for themselves and to do better in school. For example, she told her to encourage Jennifer to talk more by talking to her as much as she could. She said it wasn't good to get kids to do things just by showing them or doing it for them without saying anything. Marcia had never considered this, she was accustomed to doing things for her children as quietly and quickly as possible.

Tanya also showed Marcia how she could make some toys--like blocks or balls--herself. She explained to her how these could be used to teach the children to count or kick or bounce. Marcia found some of these things interesting but it was sometimes difficult to find time to sit and talk with her alone. The children usually interrupted, and they were accustomed to having all of Tanya's attention when she visited.

Things were going along well for Marcia. She was still enjoying school and about to finish. She was looking forward to finally finding a good job. Thanks to Tanya, finding child care was no longer a problem. Whenever a difficulty arouse with a day care sitter, Tanya seemed to know how to help her handle it. For example, there was one of Jennifer's sitters that she did not like and Jennifer cried every morning. Tanya called a supervisor in the city day care program and discussed the problem with her. The sitter was quickly changed and everything went along smoothly for a time.

Then, Marcia learned that she was pregnant again. This distressed her greatly. All of her plans seemed to be falling apart. She remembered how difficult life had been right after Jennifer was born. She didn't know what to do. She was quite miserable for a few weeks. When Tanya came for a visit she told her about it. Tanya seemed very surprised, but was calm and began to talk with her about her future with the new baby. This made Marcia feel better; she thought that everything had come to an end. Over the next few weeks, Tanya visited more frequently. Together they worked out a plan so that Marcia could finish school before the baby was born. Then soon after the birth, if Marcia was up to it, they could find a good day care mother for this baby too and Marcia could find the job that she had been waiting for for so long.

The months of this pregnancy went along fairly well. Marcia attended two Center-Based Programs with her children. At one of these, she and all three children had some fun together, something that didn't happen very often. It was summer time, so everyone went to the park and had a picnic. The parents, children, and workers played circle games and games of tag. At the other meeting, the children played in one room, while Marcia saw a film about how much children could be expected to talk at different ages. Afterwards, the workers talked with the small group of seven parents about what they could do to help if their children weren't speaking as much as they should for their age.

When Marcia's fourth child, Donna, was born around Christmas time, everything seemed to fall apart again. The baby cried all night so that she couldn't sleep. Christopher was more of a problem than ever, she couldn't seem to control him. Then she herself fell ill with pneumonia and had to be hospitalized. Marcia's sister took the children while she was in the hospital. Marcia was depressed and at times wished she could die here, so that she wouldn't have to return home. After a few days, she telephoned Tanya. Tanya came to visit her and was comforting, but she didn't have any immediate suggestions.

When Marcia returned home, things were worse than ever. Her first day home, Christopher was suspended from first grade and sent home by the school without a word to her. It seemed that the school couldn't handle him either. She telephoned Tanya and told her the situation. Tanya said that it didn't sound right to suspend such a young child without a good explanation to the parent. She said that she would telephone the school principal and discuss it with the mother. She did this and was only half-satisfied that it had been necessary to suspend Christopher. She reported this to Marcia and discussed the situation with Kate, the School-Linkage Coordinator. Kate called the school and arranged a meeting between the principal and Marcia for the following day. She agreed to accompany Marcia "to help her out."

Tanya visited Marcia after this meeting, and Marcia told her that she felt better. Kate had helped her talk to the principal. As a result he had agreed to let Christopher back in school and not to suspend him again without notifying Marcia first. Tanya implied to Marcia that she could "get tough" with the school if she had to. She also mentioned that she had read that this state had more suspensions among black children than any other. Tanya advised Marcia to stick with it and promised that she would help her.

Tanya also asked if she thought Christopher's weekly counseling sessions were helping him. Marcia said that they had been stopped a few weeks ago, but no one had told her why. Tanya was very much surprised by this. She said she would find out what happened and get back to Marcia. Tanya later learned from the counseling center that they had interrupted Christopher's therapy in order to do an evaluation of his progress. When this was complete, they would decide what to do next. Tanya insisted that both she and the mother should have been notified by the agency. She asked that they set up an appointment so that Marcia could go in to speak with the counselor about Christopher's problems.

Following this crisis, the situation improved once again. Marcia started to be somewhat concerned about finding a job. Donna was now three months old. It so happened that the annual presentation of Marcia's case to the assessment team came up at this time. Tanya emphasized this concern of Marcia's. One local agency representative suggested that Marcia might contact her agency as a means of finding a job. Tanya hadn't considered this possibility. She was surprised and excited that this could happen. She carefully noted the names and numbers of people that Marcia could contact.

When given this information, Marcia called on her own. After a few weeks, she was given an appointment for an interview which eventually led to a job as a clerk in a medical school. This job did not pay as much as Marcia had hoped, but it was a start and a way to get some experience.

Marcia has now had this job for two years, and she has received some minor pay increments. Although the situation is not perfect, she is relatively well satisfied. Money is still a problem, but she can pay most of her bills and buy the children some of the things that they need.

Christopher is no longer in counseling. After the evaluation, the counselor continued with Christopher for another six months and spoke with Marcia three times both about her son's problems and ways that she might handle his behavior. Marcia feels that she is doing this reasonably well, because she now thinks that his behavior is only normally bad, not monstrously so--he paints on the bathroom mirror but does not smash it afterwards. He is still not doing well in school but he is getting by. His teacher has suggested ways that she might help him in school. She would like to do this, but has difficulty finding enough time in the day.

Since Donna's birth, Tanya has continued to visit, but Marcia's work schedule sometimes makes regular visiting difficult so there are times when a few months are missed. However, when this happens, she may see Tanya at a Center-Based Program or talk with her briefly on the telephone.

The home visits that do take place now are used to teach Marcia how she can aid Donna in her development. If Marcia brings up problems with the other children (all in public school) or personal problems, Tanya is willing to pursue these also. Nonetheless, the real focus is Marcia and Donna. Marcia expects that when Donna enters Head Start in six months, Tanya will be less concerned with teaching her how to help Donna and be ready to let the teacher take over. (This is what happened with Jennifer.) Marcia knows that this will be easier for her because as she noted, "Things are usually so crazy here at night, I'm tired, the kids are tired--there's not much time for anything, except feeding and bathing them."

__Postscript__: Marcia was right in her assessment of the situation. After Donna entered Head Start, Tanya no longer visited with activities for Marcia to teach Donna. In fact she visited only about three or four times a year now. They would meet occasionally in the neighborhood as friends and Marcia knew that she could call Tanya if she had a problem. She did this on several occasions. Twice Tanya was able to give her the name of a service in the community that could help her. Also, Marcia's work schedule made it impossible for her to attend Parent Study during the day. She missed these as much as she missed her occasional visits with Tanya.

CHAPTER SEVEN

THE PATH WITH A HEART

Family Head Start in
Salem, Oregon

Author: Ellen W. Robinson

ACKNOWLEDGMENTS

The Ethnographic Study Plan, written by Dr. Lynell Johnson of Abt Associates, introduces the purpose of this study by stating what has not been learned from the previous evaluation studies: "a fully satisfactory accounting of what it is that happens within CFRP to bring about changes (if any) for what kinds of families. . . . What has not come clear is the quality of CFRP as it is experienced on an everyday (or every-week or every-month) level by individual children and their families."

I am indebted to Dr. Johnson for this proposal, the viewpoint which has guided this ethnographic study. Because the Family Head Start staff felt the proposal "asked the right questions," they were quick to trust and accept me. I am indebted to them for their time and trust.

"The girl named Trouble" is fictitious in one sense. That girl no longer lives in Salem, and has never been connected with Family Head Start. She is a real person, a vivid memory to one of the staff members who, 20 years ago, heard her answer when her mother called, "Come on, Trouble." She is real in so far as she is every woman. Each aspect of her story is true of many real mothers.

I am indebted most of all to the seven Family Head Start mothers who appear in this account. They agreed to teach me about Family Head Start, and included me within their family circles.

7.0 THE PATH WITH A HEART: FAMILY HEAD START IN SALEM, OREGON

Imagine yourself waking up in a garden, with its orchards and rows ready for picking. This garden place may not be Eden, but it was the end of the Pioneer's rainbow, the Valley of the Willamette, goal of the Oregon Trail.

In the forested foothills and mountains to the east and west are wintertime cash-crop harvests of Christmas trees, holly, mistletoe, florist's moss, and huckleberry greenery. Hispanic migrants, convicts, members of an "Old Believer" Russian colony, forestry students and ski bums make up crews of reforesters planting trees for government and industry.

One hundred twenty-five miles north to south, 50 miles wide, the valley is brown-dry at summer harvests, but otherwise green with so much cool rain that it is said to rust the bones of outlanders. The actual rainfall in the valley is 35 to 40 inches, with none in July or August.

Let's go through the blossoming orchards to the gardens ripe with peas, radishes, onions and other vegetables. The berries are ripe; and young, middle-aged, and old from every social class and neighborhood will meet while buying from field-side stands, or in the fields while picking for money alongside migrant or now-settled ex-migrant families, "U-Picking" for freezing, canning and drying. For the poor, there is a special option at the end of each crop's season: organized gleaning, free picking to clean up the fields.

Look at your larder: all the temperate zone crops. From spring and early summer: peas, cherries, strawberries, raspberries, loganberries, spinach, asparagus, broccoli. Down the shelf the summer crops: tomatoes, corn, green beans, beets, cauliflower, cucumbers, applesauce, peaches, blueberries and blackberries; the golden fall squash, pumpkins, plums, sacks of cabbage, filberts, walnuts, and onions.

This is your larder; you picked it yourself; you may be rich or poor, or in between. Your sons and husband helped grow or gather or preserve along with you. The neighborhood went together on part of it. Some got a half a beef, or a pig for the locker. Fish, fowl and game, some canned, some frozen, some jerked, will season and fill this year "if you have a man and a car, and are lucky." (And "everyone with a zucchini plant needs friends!")

If you don't have a car, or a phone, or a friend, or child care, the garden can grow just beyond reach. If you have never canned, and don't know how, if there is no leeway in today's budget or today's energy to plan for tomorrow, then today's crops don't fill your winter's shelves.

The links between people and the garden are part of the enmeshing, mazy network of social agencies. To make sense of this human resource there is a central referral agency, and various one-stop centers for help. It's not a perfect system, but as dollars decline, cooperation intensifies to fill the needs of the valley. Hear the questions from government and private agencies: "Where are we successful?" "What are our main goals?" "Who is left out?" "How can we best help?"

Each of the questions used to be asked by individuals or families. This is how a pioneer canner, now a grandfather, remembers his youth in the valley:

> When I was poor, I didn't know I was poor; I didn't realize it. We could work anytime. If you had a place to camp out, you could come to town and build a tar-paper shack, live in it until you made a stake and built a house.
>
> Fifty years ago there was lots of work each season for most everybody. When the town was smaller and the [canning/drying] industry bigger, the ratio of seasonal jobs to seasonal people was more even. Housewives and part-time people . . . you could get in a few months work. We'd have whole families go through the cannery. A mother first, or maybe a couple, then as the kids came along and grew up, they'd quit picking and go through the cannery, or the pittery, or the dryers.

> In 1935-36, there must have been 20 or more canneries, instead of the 7 today. Then we were tops in food canning in the world [by 1960 we were second largest on the west coast of the U.S.]; we had lots of small canneries. Now there are a few big ones, and they are slowly dying.
>
> Now, the labor slack has been taken up by regulators who are out in droves, making sure kids don't work and making sure growers comply with laws and guidelines. That's an employment component that didn't exist back then. We just had to worry about worms and stuff in the cans that would make it unsafe for you to eat.

Along with the shift from individual, family, or small-scale decision-making to decisions by agencies, large corporations and governmental bodies has come a shift in the strategy around the poor. Those serving the poor and other powerless groups are organized.

Salem is an old-family city, underlying a mushrooming growth. As state capital, county seat, site of two prisons, a state hospital, residential school for retarded, for young adult offenders, for deaf and for blind, and site of many halfway houses linking these institutions to the community, Salem houses and serves diverse populations. Old-time Oregonians pride themselves on pioneering citizen government (initiative, referendum and recall) and environmental awareness (bottle bills and land use planning).

Old-family Salemites feel close to the earth, close to their neighbors, and feel powerful to affect their own destiny. They still think in terms of individual opportunity to move up from poverty. The successful store manager cautions, "Don't make the store decor so fancy that the German farmer's wife feels uncomfortable when she comes to town."

Salemites talk about having no slum areas, no ghettos. Until the last ten years, people built fancy houses and very modest houses in the same neighborhood. Today, each of Salem's five high school districts includes low-income housing, but residents are more isolated from their prosperous neighbors.

Rent-subsidized housing spreads low-income families into new, mixed neighborhoods. Each of the 37 grade schools in Salem includes children in welfare families. Sixteen of the grade schools are "community schools," with a coordinated program for citizens of all ages in that school area. The old next-door neighbor homogeneity is being lost, but the tradition of an economic mix in neighborhoods leads prosperous Salemites to expect to feel close to and understand low-income neighbors. They feel surprised if they don't.

The leadership for community services in Salem is tremendous in quantity and quality. The state institutions attract many specialized employees. Their spouses often have similar skills, and make up a stable, resident pool of ready workers. Salem is an hour's drive from the three state universities, which offer undergraduate and advanced degrees in all the human and social disciplines. Twice that many private colleges are as close (one is in Salem, as is a community college with two-year programs in child development, nursing, and human resources). An ad for a job paying from $10,000 to $14,000 a year will be answered by more than 200 applicants, many holding master's degrees in the specific field.

"There is no average welfare mother," according to the advocates here. Some come from nearby rural farming communities, offering limited "schooled" education, from foothill logging towns where "gyppo mills" have been replaced by large companies, and from coastal fishing towns where declining catches of salmon and the Russian fleet competition have closed fisheries and canneries. Some are families of institutionalized people, intimately concerned with mental, emotional or behavioral problems. Some are formerly institutionalized persons. Some have drug- or alcohol-related problems connected with their families, or another handicap limiting employment capabilities. The welfare structure includes various categories of the poor. Family Head Start serves the category "mothers and children with no male breadwinner." Some are divorced mothers, some never married, some became mothers in their teens (Salem has a Teen Mothers program in connection with the YWCA and Salem Public Schools). These single mothers have, among them, a wide range of education and skills. Academic degrees do not guarantee a good job.

Salem has become home to those from elsewhere who like the climate, or who choose the welfare or other institutional support here. Heating costs are relatively low. Many social services are available. For instance, Oregon continued to fund abortions when the federal program was cut back.

Oregon became a haven for the hippie kids of the late 60s for a number of reasons. Those interested in the environmentalist movement, in communal living, and/or in the struggle to maintain racial tolerance find Oregon's reputation and policies attractive. In Salem and in Family Head Start Caucasian mothers often find they are not alone in having established liaisons with men of other racial backgrounds. This is often a conscious decision, as an act of racial tolerance. There are also drug-culture kids, former runaways, street-wise and agency-wise.

Many poor parents are formerly abused children, now grown. Some were young mother-substitutes, who filled in for an absent or inactive mother when they themselves were extremely young children. Some are refugees, though most of the large East Asian community is integrated into the Salem community directly by churches or private families.

In the Head Start classrooms and Salem Family Head Start Center are families from all these backgrounds. In addition, if a child in the program is placed in foster care, Family Head Start continues to offer full service to households of which the child is a part, regardless of the income of the foster home.

"My kids are all I've got" is a common refrain. In the Head Start classroom and in infant-toddler developmental tests, the children score high in independence and in large motor skils. They have high coping abilities and survival skills. They are often tough and strong. They score lower in cognitive and language skills, and have fun succeeding in developing these and smaller motor capabilities with the help of both their parents and teachers.

Their parents have a very high stake in their children. With no funds, their children are their investment in the future. Some parents have high ideals about ecology and democracy, and are "color-blind" idealists. Some have a high wish and motivation to work, to find a job with a future. For some this involves a dream for an education or training. Some have high regard for "different" people--institutionalized parents or siblings.

On the other hand, they experience low energy, low hope, low self-confidence, high fear, and high guilt. They are vulnerable to cutbacks in their political and economic support, to landlord threats, to public scorn of their lived ideals, and to moral indignation against what is seen as their unproductive poverty.

Salem is like much of the country in the 1980s to the extent that it lives with regulatory restrictions, inflation and other fiscal crises, conglomerate industries, crime, and a people frightened because they feel powerless. Salem is exceptional to the extent that the mild climate and rich food resources either actually or potentially support a bountiful life, and to the extent that those in power still think and act as if the Salem of their childhood can continue to bear fruit for all its future children.

7.1 Family Head Start

One of the organizations with this confident leadership is Salem's Child and Family Resource Program (CFRP), completely merged with the former Head Start and locally called Family Head Start. You find it set along a southerly slope, in a modern, one-story building, surrounded by lush green lawns. It lies between the maternity unit of the Salem Hospital on the east and the fir-shaded pioneer cemetery on the west. This cradle-to-grave setting includes doctors' offices and the state hospital to the south. Halfway houses scatter through the residential neighborhood, a mixture of modest homes and old, large, stately homes.

7.1.1 A Tour of the Center: First Impressions

Now come inside the center--blow in with a full wet gale pushing you through the door. Here it's warm, dry, bright, clean and light, abuzz with talk, laughing and sounds of small children (see Figure 7.1).

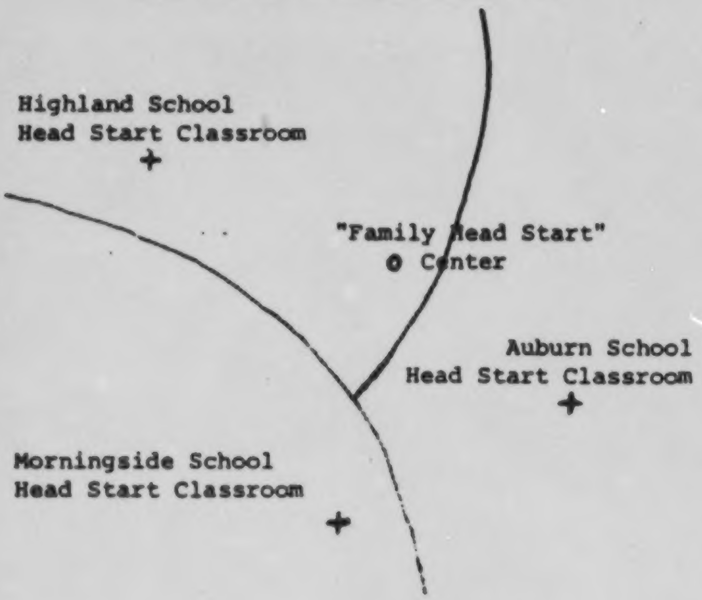
The three Head Start classrooms are not here, but in three widely separated public schools, Morningside, Auburn and Highland. Head Start occupies regular classrooms, as it always has in Salem. The Educational Supervisor's office is in the school administration offices, since she has an additional position as head of Title I pre-primary classes for the Salem Public School District. Head Start's teachers, fully certified, are paid according to the Salem public school teachers' contract, but paid by Head Start funds. (In Dallas, 18 miles west, is Salem's replication, a Head Start program modeled on Salem's pattern.)

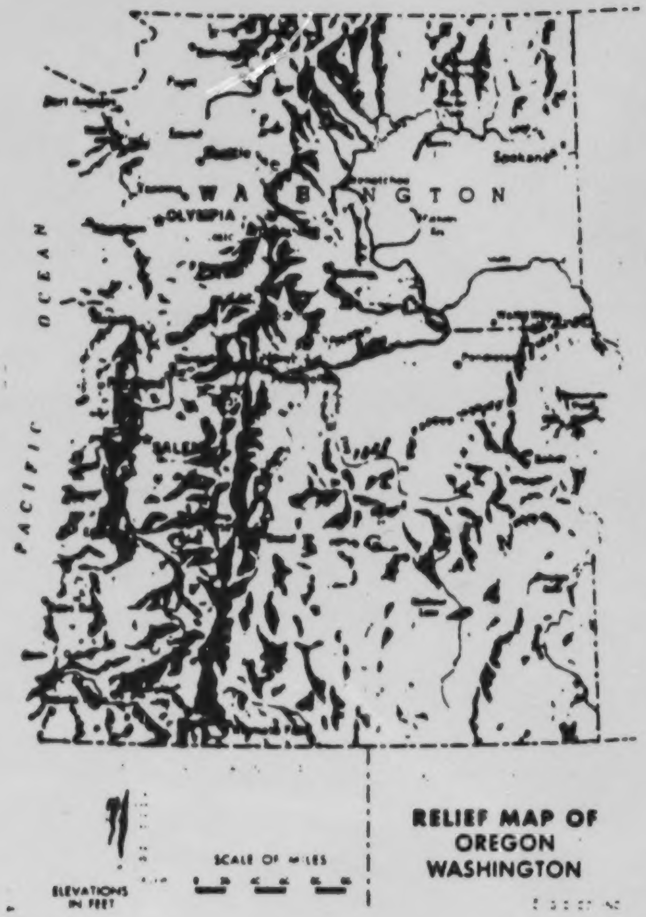
The open office area to your left seems to hold lots of upturned, smiling faces. After you come to know them, they are receptionist, administrative secretary, health assistant (to the public health nurse on the staff), and the administrative assistant. They are at desks behind the counter and along the south windows. At an inner wall desk, surrounded by maps, messages, and schedules, is the transportation coordinator, or any one or more of her three drivers. This is a teasing, joking, friendly, and highly competent

Figure 7.1

ORIENTATION

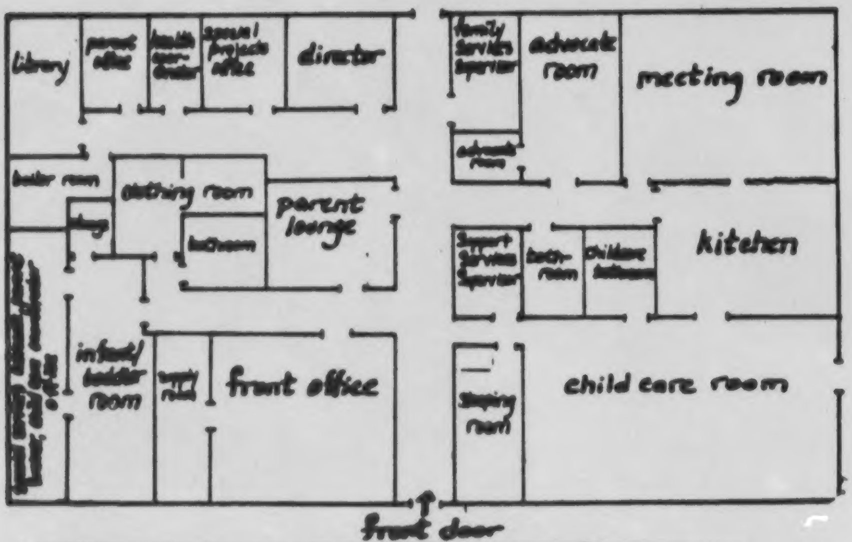
Salem "Family Head Start" Area


Highland School
Head Start Classroom
"Family Head Start"
Center
Auburn School
Head Start Classroom
Morningside School
Head Start Classroom


WASHINGTON
OLYMPIA
Spokane
PACIFIC OCEAN
SALEM
ELEVATIONS IN FEET
SCALE OF MILES
RELIEF MAP OF
OREGON
WASHINGTON

Family Head Start

2495 FRANZEN ST. NE
SALEM, OR 97301


library
parent office
health coordinator
special projects office
director
family services supervisor
advocate room
meeting room
advocate room
boiler room
clothing room
parent lounge
bathroom
kitchen
support services supervisor
bathroom
childcare bathroom
infant/toddler room
supply room
front office
sleeping room
child care room
front door

group, one man and the rest women, calling by name the children and parents who come regularly. Mothers and dads stop at the desk to reserve child care or bus transportation for special needs, to give phone or address changes, to ask about the clothing room, upcoming workshops, or to visit about their children or themselves.

Splashing in beside us, small children and their mothers, and two or three fathers turn to the right, to the child care room. They sign in the children, indicating their purpose in coming to the center, shaking rain off coats, visiting with Meg Black, Support Services Supervisor, whose office opens into the child care entry hall. They hand changes of clothes, bottles and other possessions to Harold, Rebekah and Elizabeth, staff of child care (the children call it Harold's house). The mothers laugh at the happiness of children who can't wait to try the new climbing-sliding structure, or perhaps frown with impatience when a son or daughter protests loudly that Mom should not leave that room.

Jesse may come out of her infant-toddler room in an opposite hall to kneel down to child height to talk with her "little people." Jesse visits individually with handicapped children, sometimes in her room, sometimes in their homes, or in Head Start classrooms, helping parents with their children as well as helping the children directly. She also is the Infant-Toddler Development Specialist, who joins the parents in a weekly group with their children, practicing a whole series of observing-and-doing skills.

Harold, Child Care Coordinator, bearded, strong and forceful, challenges the children's minds with new questions and ideas, making this bright, well-equipped room a safe and happy place. Rebekah, with a two-year associate degree in child development, who volunteered at child care all through her schooling, and Elizabeth, newly graduated public school teacher, hold babies, talk, play, sing, cook and read. They smilingly visit with all the mothers whenever they can, telling them of what their children have done--the same developmental skills the advocates have been encouraging and recording in enrollments and family visits.

Let's follow the mothers as they move through the center. Some go with the children down the left hall past the office, some to a restroom, some to the free clothing room, some to Jesse's bright room for infants and toddlers for help in specific developmental skills. Some pause in a central small lounge with davenports and a coffee table; it might be for a committee meeting, an advocate visit or an informal chat. Down another hall to the left are offices: first the Director's office, accessible to all; and the office for the Special Projects Coordinator and the Handicap Grant Coordinator. Mathilda not only does planning for Family Head Start's handicapped program, but facilitates SPIN--Salem's new official network "to improve services to handicapped preschool children and their families through interagency cooperation." (One of three Head Starts in the region with special handicapped grants, Salem's SPIN experience may be put on the ERIC computer for application across the country.)

Two mothers are using the scales opposite the public health nurse's office, talking with nurse Elizabeth about their weight this week. Next door another mother is using the phone in the parent office. Finally, see the well-stocked library.

If we turn the other way, down the hall to the right, we go past the Family Service Director's office and the advocates' room with its five desks. Before we go on let's look in. One advocate is visiting with her supervisor, one is on the phone with a parent. One, Ray, is visiting with the fathers who just came in, who are glad to have a male advocate to talk to in this largely women's world. Now we go to the end of the hall to the largest pair of rooms in the center--the meeting room and kitchen, with a folding wall between. The coffee and water urns are hot; two mothers are putting out snacks on the table, two advocates and the Parent Trainer are meeting everyone with great delight. The mothers and dads laugh and tease with them and with each other. There are some serious, quiet conferences, appointments are made for later, and finally everyone settles down on large bright pillows in a room that has hanging plants, a carpet, and a portable two-sided blackboard.

Today they're going to videotape the child care room activities with the mothers and fathers (Meg and Adam Cross will tape them all week, as they do twice during the year, at the center and at Head Start classrooms). Parents joke and worry about seeing themselves on videotape next week.

Outside, behind the center, is outdoor play equipment on a very large sloping lawn. In late spring or in the fall, the children, staff, and parents will play outside, but now, and for most of the program year, the grass will be too wet. The children from child care will go to shopping malls, the library, the parks, art museums--anywhere the child care staff can open a new and welcoming community door.

Between October and March, I participated in center activities alongside seven single-parent families. They advised me when there was "an important meeting that [I] . . . shouldn't miss." I volunteered beside them in their older children's Head Start classrooms. To the staff, I was another professional, with listening skills they recognized as similar to their own. To the seven families, and through them to the others, I became "foster grandmother" to the children, "until March when it will all be over." I fit in also, they discovered, because all of my grandsons are under eight, because one grandson is handicapped, and because I am a single parent.

Even if you stay just a short time, you'll see, as I did, the light and color, and smiling faces. You'll probably see tears and anger as soon as you're trusted to be in the group--the family. How does this happen? If you want to know, then the whole staff and almost every family will begin to show you what this family-home means to them. They hope you'll sense what can be partly seen in hugs and smiles and tears, but can only be felt if you've ever been discouraged, lost, and alone. There's no fireplace, no hearth around which to gather for warmth, but it's that kind of bone-deep comfort that you'll feel when you become a regular at Salem Family Head Start.

7.1.2 Looking More Closely At The Program

The next section, A Girl Named Trouble, begins to answer the first ethnographic question, "What is the quality of the program as it is experienced by individual families on a daily or monthly basis?" Following this, Sections 7.3-7.6 on Advocate Visits, Center Groups, Assessments and Other Events give not only the families' viewpoint, but also begin to answer the second ethnographic question: "How does the program work? What really happens?"

The final body of ethnographic data shows the staff perspective of what happens and how (Section 7.7). For readers wishing to know the staff perspective as an earlier part of this analysis, see also appendices for more formal descriptions of the various jobs and services provided. Figure 7.2, an organization chart, shows Family Head Start carrying on the functions of both Head Start (Early Childhood section) and CFRP.

Following the presentation of data, the chapter concludes with three sections that present ethnographic analysis of these data: Section 7.8, Child Development; Section 7.9, Distinguishing Characteristics; and Section 7.10, Past, Present and Future.

SALEM/DALLAS FAMILY HEAD START
STAFF CHART
Showing Supervisory, Component, and Contractual Relationships

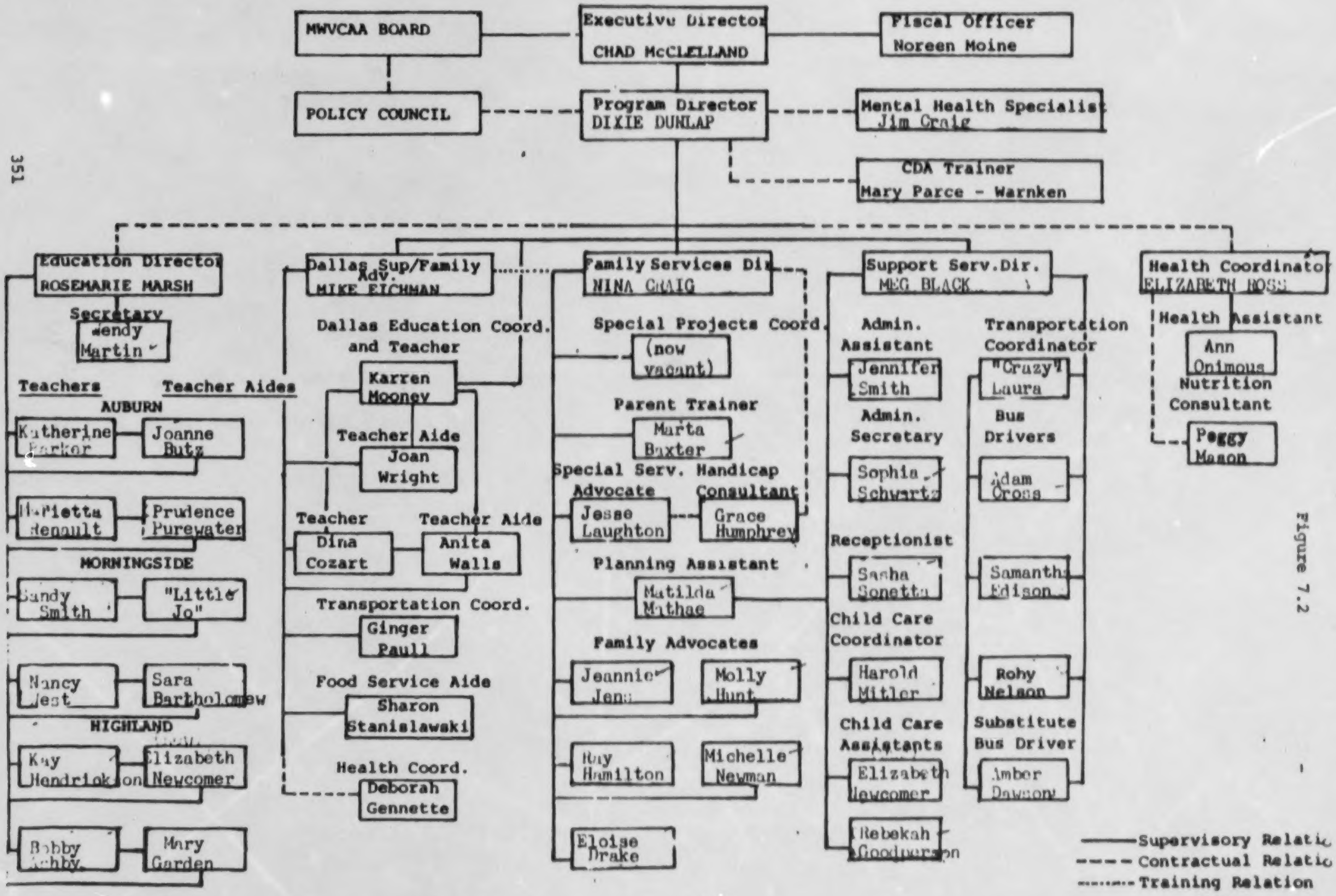

MWVCAA BOARD
Executive Director
CHAD McCLELLAND
Fiscal Officer
Noreen Moine
POLICY COUNCIL
Program Director
DIXIE DUNLAP
Mental Health Specialist
Jim Craig
CDA Trainer
Mary Parce - Warnken
Education Director
ROSEMARIE MARSH
Secretary
Wendy Martin
Teachers
Teacher Aides
AUBURN
Katherine Parker
Joanne Butz
Harietta Renault
Prudence Purewater
MORNINGSIDE
Sandy Smith
"Little Jo"
Nancy West
Sara Bartholomew
HIGHLAND
Kay Hendrickson
Elizabeth Newcomer
Bobby Ashby
Mary Garden
Dallas Sup/Family Adv.
MIKE EICHMAN
Dallas Education Coord. and Teacher
Karren Mooney
Teacher Aide
Joan Wright
Teacher
Dina Cozart
Teacher Aide
Anita Walls
Transportation Coord.
Ginger Paull
Food Service Aide
Sharon Stanislawski
Health Coord.
Deborah Gennette
Family Services Dir
NINA CRAIG
Special Projects Coord.
(now vacant)
Parent Trainer
Marta Baxter
Special Serv. Advocate
Jesse Laughton
Handicap Consultant
Grace Humphrey
Planning Assistant
Matilda Mathae
Family Advocates
Jeannie Jens
Molly Hunt
Ray Hamilton
Michelle Newman
Eloise Drake
Support Serv.Dir.
MEG BLACK
Admin. Assistant
Jennifer Smith
Admin. Secretary
Sophia Schwartz
Receptionist
Sasha Sonetta
Child Care Coordinator
Harold Mitler
Child Care Assistants
Elizabeth Newcomer
Rebekah Gooderson
Transportation Coordinator
"Crazy" Laura
Bus Drivers
Adam Cross
Samantha Edison
Roby Nelson
Substitute Bus Driver
Amber Dawson
Health Coordinator
ELIZABETH ROSS
Health Assistant
Ann Onimous
Nutrition Consultant
Peggy Mason
Supervisory Relatio
Contractual Relatio
Training Relation

Figure 7.2

10/80

7.2 A Girl Named Trouble

"Come on, Trouble." I can hear the way my mother always said it. That's my earliest memory. I was the next to the oldest. By the time I was running around and getting into things, Mother had a baby to carry and one who could barely walk. My older brother never got blamed for anything, so I figured when things went wrong they were my fault. I seemed to bring bad luck.

But you want to know about my own family, my children. I couldn't wait to leave home. I'm lucky, I think; at least I got married. My friends who had a family and didn't get married have people throw that up to them. I get hassled because of my divorce. I think it's easier for rich families. No matter what they do, there's a good reason for it. No matter what we do, we're wrong.

Everything important about my family begins with Family Head Start. When I try to explain me, I'll have to tell you about my friends there. They're really my family, now. Even though we're each different, what makes it fantastic is that we're all so alike. Maybe you'll know me better through them--the ways we're alike and different.

I'm just about out of Family Head Start now, but that's because of what I've learned in the last five years. I remember when Molly came to my door and asked if we'd like to bring Mindy to Family Head Start. She said they had a program for kids up to eight years old, and services for the whole family. They had a nurse and everything. She showed us pictures, and said that they had parenting classes and wanted us to come. She didn't say we had to, just that they wanted us to. I was so scared, I just held Mindy and shivered. Peter didn't think we needed all that, but I knew we did. At least we could try it. And the first year I got to know so many new people, and Mindy is growing up with their children.

In our parent group, we'd go into the child care room with our children and it was just like having the sunshine turn on, even if it was pouring rain outside. It was so friendly! Everyone loved Mindy and I loved to see them smile at her and see her smiling back. Jesse just loves "little people!" Jesse had child care that year. Later she was an advocate, then a Head Start classroom teacher. Now she's back, helping Jeannie with our parent group. We have a special one for us with handicapped children.

I don't think I said two words all year. I just sat on those pillows, always over in that one corner against the wall. It's funny, because the next year I sat anywhere and Sue was in the corner, and she didn't say anything. Well to go back to that first year, one mother especially was my friend. Lisa wasn't afraid to talk. Her husband was really active for that first year too, and their little girl and mine really liked each other. We could tell who we'd want to trade babysitting with, and who we wouldn't (though that changed along the way). We all learned, well, almost all of us, to be good moms if we stayed with it. I don't know how that worked. Well, maybe I do know.

Last year, when we had a farewell party for our group before the summer vacation, and we tried to thank the staff, what we all said was that they cared about us. Now we all want to know about our children's development, and that was exciting too. They love our kids, and we love them for that, but they love us too, and we're not perfect. A lot of us aren't pretty, and aren't smart. And none of us are rich! Sue said it this year, "They love us for what we are and for what we're not!" Because they care, and because we knew they were always there, we really could try new, scary things.

Well, let's see, the first year, I didn't talk, I was scared, but I loved to come to the center. Pete was really down on me, and I was so scared at home. I never knew what he'd do to me or to Mindy. That was what really scared me. He always blamed me, so I'd try to get him to be mad at me instead of at her; she was too little to take it. At least I was big.

My friend Lisa began to talk about the counseling group, so when my advocate, Molly, said there was room for me, I said, "I'll try it just once." It was just like Lisa said. You just can't believe someone else is having the same experience you are. Some had a harder time than I did. I guess having your dad mess with you must be the hardest thing for a girl to get over. That never makes you feel good. In fact, you think you must be no good at all.

I guess that was the biggest year in my life--the second year. I'd begun to wonder, the first year, why I was feeling so good, but I knew why that second year. I found out in counseling group. I wasn't trouble! Lisa certainly wasn't. None of us in that group were. But if I wasn't a jinx, then I could pick friends and not think something bad would happen to them because of me. Good things began to happen.

For one thing, our assessment at the center felt different that year. I was scared the first year. I really didn't know what to expect. Molly, my advocate, had told me, but I couldn't imagine it. She was there, and Jesse, from child care, so there were two friends. But Molly's boss, Nina Craig, was there, and I was still afraid that I'd get Molly in trouble with her boss if I wasn't perfect! Well, Pete and I didn't say a lot, but everyone was so friendly and encouraging. Elizabeth, the nurse, was there, and one of the secretaries must have taken notes, because we all signed the papers afterwards, saying how we'd done so far, and what we planned for the next year. (I still have copies of all those assessments, and remember how it was when I read them over.) Those important people were thinking about us!

From the second year, I know Nina real well. She's one of the leaders of my counseling group--she and a real kind man, Theo Jacobson, counselor at Children's Services Division . . . Welfare. Pete and I really could see what our problems were. We were both trying to change. Even though it hasn't worked out, we both feel real good about Family Head Start. They never took sides, and treated both of us as parents, equally. That was such a great assessment, and we had grown so much. All our family's plans were meshing so well with Family Head Start's program.

That was partly because of Little Pete. His handicap had just been diagnosed, and we were all working on it together. Afterwards I went home all pepped up, called Petey's doctors, and insisted that they come to Portland to his SSI (Supplemental Social Security Income) Hearing with us. They were so surprised at me. But they came and we won our case.

And my third year, Sue wasn't in her corner, my old place, but was giggling with Meg Baldwin, a new mother who was sometimes angry and scared. That's when Mindy and Little Pete and I really had fun in group. I remember the "love pot" that year. I guess I heard it the year before, but I really didn't hear it. Lisa noticed this a lot. She said that we learned a lot, but we really knew it all the time. It was inside us; we just became aware. That's what Family Head Start has done: made us aware.

A "love pot" is, well, it's what we have in us to give to our families and friends. When they are sad and need us, we pour out some of our love from our pot and fill theirs up. But we need to have someone to fill up our love pot or it will be empty, and we won't have any to give.

That's what I got at Family Head Start. All the staff fill my love pot. So do the other mothers, and I fill theirs. And now I know how to treat Mindy and Little Pete so that sometimes they want to fill mine up too.

This year I have a new advocate. She's the advocate for all the families in our Head Start School area, except for some of the families with infants and toddlers. So now I graduated along with the kids! I got a grown-up advocate. I didn't think I'd ever feel that close to anybody but Molly. She'd seen me through so much. We talked over all the changes in my life in these years together. I told her that she had given me all the tools for coping with so many of these changes. It made me feel so good to go over it with her. She's still around, so I can see her as a friend, and she's always glad to hear how we are. Mindy and Petey know her car when she goes to see other families in our apartment complex, and still get disappointed that she's not coming to see us.

It wasn't long before Jeannie and I got to be close, and now I can't imagine not having her for my advocate. I got to know all the advocates when Lisa and I went as parents, recruiting new families with each of the advocates. The advocates explained Family Head Start in different ways, but they all said we could probably tell other parents about it better then they could.

Jeannie was already special to me in another way. Last year she began the group for parents of children with handicaps. Some of us are back in it again this year, to help out with new parents. Some of the things from that group are so much a part of me now that I'll never have to learn them again, but some keep coming up in new ways, like having Petey called names in new places. So I was glad to go over that again.

This year Jeannie thought I was right to sign up for the Single Parent Workshop, even though it meant changing some of my work schedule to night hours for those five weeks. Was she right! It is a whole new world, now that Pete and I are divorced. I know I had been struggling not to think of Little Pete as just like his dad, when I was angry about Pete. I hadn't realized I was treating him like the man of the house when he's not grown up at all. I found out about networks too. That's a name for all the friends I can call on, but it's different and even more important now that I'm a parent all alone.

I guess the biggest gift Family Head Start has given to me is that I don't feel I'm a jinx. I know I couldn't ever do what my mother did, when she called me Trouble. I understand my Mom, though. I think of her when I see how tired and alone Spring is. My mother only had four of us, alone, when she hollered at me. If Spring ever hollers at her kids, I know how deeply she loves them. My Mom loved me. "She did the best she could with what she knew at that time": that's one of our main sayings at Family Head Start. I know more now, and I know what to do to keep my love pot full. I have so many friends, schooling, a job. Maybe, someday, I'll meet a good man.

There's another thing that happens. It did to me, and it happens every year to some of my friends. Lots of us hated school. I'm not the only one who was afraid to go to a classroom again. Even if Mindy behaved perfectly, I felt dumb. It was just like being back in school. School! That means an angry teacher that shakes you or makes you feel dumb in front of everybody. It means not having new clothes, even in September, or underwear you're ashamed of, so you can't climb up on bars or on jungle gyms. Well, that changed too, because of the good things that happened to me when I volunteered in Mindy's Head Start classroom. Bobby, one of the Head Start teachers, is so good at telling us how to help, and each year we can do more. . . . We learn more ways to help our children's development each time we go because we practice it right there. Have you ever held a cocoon and felt something inside moving? You could even hear it. Sandy, she's a teacher, has great ideas for our kids, she really does. Katy was really lucky. She volunteered the day the butterfly came out. She's never seen anything like that. It may seem like a little thing, but it's not little to have some hope that your son or daughter could love school, because you love it now too.

It isn't always easy. My friend Lisa, my advocate Jeannie, and I laughed when we talked about how each one of us had walked down a school hall, and said to ourselves, "What am I doing here? I hate school!" Jeannie had been a Head Start mother too, before it was Family Head Start and we had advocates and groups. She had thought those words to herself going down the hall to be a Head Start classroom teacher's aide. Lisa and I had each had the same thought when we went to register at Chemeketa Community College. Because of our good experiences in Head Start classrooms, we'd forgotten our old fears. The good experience helped us keep going when the old fears came back and surprised us.

This confidence at school can help our children too. Sue told the group for parents of handicapped children about her first teacher conference for her first grader. The teacher told her all the things Roberta didn't do. I was so proud of her. Sue stood right up to the teacher and told her it would help if she could hear some things that Roberta did right. She even told the teacher that she'd learned that this was a better way to help people develop, and that she'd learned it at Family Head Start.

Everyone grows at Family Head Start. We all grow and change. Samantha, she's been my friend here for five years too. She says that being a mom is what she does best, and that she learned it all right here. She's driving one of the Head Start buses now, and she came out of a staff counseling hour laughing and laughing. She just found out that advocates have problems too! Of course she knew it, but just realized it now. She knows it's silly, but she feels funny going for help to her advocate, Eloise, adding to the advocate's troubles. So she and Eloise talked, and decided they all know how to keep their love pots full. The advocates grow, and so do we. Sometimes it takes three, four or five years. This year Jenny came in new in the summer, and did all those years of growing in one. I guess it's like a dance. You do all the steps, even if some are done so fast you can hardly see them. Our children have their developmental steps. Each step is really essential. So are our grown-up steps.

Some years ago we began to work on three things: to know ourselves; to know each other; and to know our children. Everyone at the center, and the bus drivers, and the teachers, they know us too, and each other and all our kids. No one could have a better family. We all get love; we all give love. I hear it being called "the path with a heart."

It doesn't matter how poor we are. We can be any color or shape. I know for myself, just one big thing for sure, I'll never call my daughter Trouble.

7.3 My Friend, My Advocate

From the point of view of each family, "my advocate" is the key to Family Head Start. I began to realize during the first two months of participant-observation with the study families that at least three parts of my experience were missing. I had not been recruited; I was not on the parent mailing lists; and I didn't have an advocate. This last was the crucial missing piece.

To each family the advocate supplied any missing parts in the Family Head Start experience, filling the gaps in a specifically personal and individual way. During the research period I received the same answer to many of my questions, no matter what the specific subject. "How did you (a mother or father) know about . . . ?" Whatever the question, the answer would be "My advocate told me."

Advocates visit families at least once a month. If visits were cancelled, they were always made up. Extra visits, rather than missed visits, were the rule. Though there are differences (noted at the end of this section), all four advocates' visits have these things in common. First, each advocate combines child development, social service and family management within one visit (usually with no shift in tone to distinguish what could be "school talk" or formal training from friendly chat or crisis help. Second, each advocate encourages success in each area and discusses failures as steps in growth. Third, each advocate sees openings in the visits, and introduces the topic with a statement or comment which indirectly gives the mother a message that an additional topic can be discussed.

Join me in a kaleidoscopic series of scenes, visiting seven families with the four women who are their advocates.

7.3.1 "But I've Always Paid In Full"

Molly Hunt, infant-toddler advocate, is just driving up to Rita Sanford's house for their monthly visit. Since it is after lunchtime, Rita's five-year-old, Susan, who usually answers our knock, is away in her Head Start class. Rita's Hispanic boyfriend is driving off. He doesn't speak much English, and Rita is thinking about learning some Spanish from his sister-in-law. From the different voices we hear as we approach, we'll find more than just Rita and Karen, her year-old toddler. "Two girl friends," Rita explains, "up from California. They're staying here 'til they can find a place." One is using the phone all the time we're there. Another moves in and out of the living/kitchen area, while Karen smilingly carries her toys between her mother, Molly, and me, from one lap to the next. Several little boys, five- or six-year-olds, run Superman-fashion through the rooms, incorporating us in their imaginings, usually as their convenient victims.

When we come in, Rita points to the kitchen table and to Karen's crumb-rimmed smile: "A lady from the Extension Division was just here, showing us how to make our own biscuit mix. We've all been eating!"

"Wonderful! That fits right in with what I have here. Your nutrition assessment is just back from our nutritionist, so we can put it all together." Then Molly continues with the health concerns for the family. This is part of the process leading to an in-home assessment. Karen still needs her 12-month immunization, but has been too sick with an ear infection to get it. She may need further surgery for a congenital thumb problem.

Molly talks directly to Karen: "How many teeth do you have?" They talk and play for a few minutes; then Molly tells Rita what Karen's developmental will be like next month.

Molly asks if Rita would be interested in coming to a center parent group or a workshop, each just beginning a new phase. (Molly has encouraged her to visit just once, just as Jeannie, her advocate last year had done. Rita has never chosen to try.) Rita responds that instead of that, she has gotten home-study books to prepare to take her GED tests. "I'd like to go to work. It's hard to find a job." Molly and she discuss how she finds time to do homework, and how she would manage child care.

Rita, picking up Karen, who had been knocked aside by the swooping Superman, says, "Where are your socks? You're going to freeze!"

Molly comments, "Karen and Susan are learning to adjust to big brothers." Rita did not respond to this, but continued to discuss the cold and a rug that was being cut and measured for the floor.

Molly asks, as is her custom, if there is anything that Rita is concerned about or needing help with. Rita bursts forth, for the first time ever, repeating a long, complex series of conversations she has had with phone company officials. Her telephone bill had been larger than usual last month, and they had told her they would disconnect her phone if she did not pay the next bill in advance. "But I've always paid in full!"

Molly asks, "Would you care if I call the phone company about this?" Rita turns fully around to face Molly, sitting beside her on the davenport. "Oh, no! Would you?"

Molly begins to take careful notes as Rita reports the sequence again. They go over and over several parts of the account. How could they charge in advance when they do not know how much her bill will be? Is this a new deposit? Had Rita ever missed a phone bill? On this last point, Rita is clear. She repeats as a sort of litany, "But I've always paid in full."

Rita is close to tears as she tells what might happen if they cut off her service. Without a car, she depends on the phone for emergencies, especially if the children get sick. The phone company says it is not willing to wait a few days until her welfare check comes.

Molly suggested that when the man became unreasonable, Rita might have refused to talk to him: "Talk to his supervisor." Molly writes down the date, and some identification of the man Rita had talked to. She rises, saying, "Is it all right if I cut this visit a few minutes short? I'll stop back at the center before my next visit and see what I can do. I'll call you as soon as I know anything." Rita agrees, and Molly hurries away.

(Molly's conversation with the phone company confirmed everything Rita had said. Rita had always paid in full and on time. However, the phone company may ask for payment in advance if the pattern of phone use changes. Molly was "really shocked" at this. She was able to get the supervisor to postpone the advance payment until Rita's check arrived. Molly had hoped that someday Rita would need her, so that these visits, after a year and a half in Family Head Start, could become more than "what you have to go through to keep your child in the program." Since this visit, Rita seems eager to see Molly, telling her openly about her hopes and fears.)

7.3.2 "What's Lower Than Scourge?"

Michelle, infant-toddler advocate, meets us at Meg Baldwin's, one side of a large, old, hard-to-heat house just two blocks from the State Capitol. Michelle points up the porch steps to a rocking horse and a box of Pampers: "Sure signs we're in the right place."

Meg is waiting, offering tea or coffee during this monthly visit. With her are year-old Alice, and four-year-old Ted, home from his class at Head Start. Tom, first-grader, is also at home because he's not feeling well. Carol, five, is in her Head Start classroom this afternoon.

There is a lot to talk about. Alice was baptized last week, and will perhaps have a developmental today. Meg has news about her boyfriend, and new experiences with his Micronesian culture. She has problems with the house and the landlord.

Over the Christmas holidays last month, Meg interwove her parents' Norwegian and Polish traditions with her boyfriend's Micronesian customs. Meg tells us about how she and her girlfriend had cleaned house for Santos, her fiance, and his friends. "You babysit, we'll clean up." She remarks to us, "I get a pinched nerve in my back if I bow a lot."

Michelle asked, "Bow a lot?" So Meg tells us about customs and rituals, observed by the Micronesian community in Oregon, that involve "walking on your knees." One night, they were sitting on the floor for hours, and Meg went across the room on her knees to get to the bathroom. Their response to her was, "That's a good Micronesian." She had to have help to stand up, so she walked back across the room, and said, "My back hurts; I'm bowing in my mind." The most strict of the group just looked at her.

Meg and Santos don't bow within their household, where her Western culture and his Micronesian culture blend. She respects his culture, and she and Santos negotiate ways to show each other the respect that bowing represents. Michelle comments about how aware Meg is of the cultural differences. "I really enjoy listening to that."

It is cold in the room, so Michelle asks if the landlord problems are easing up. Meg explains that the thermostat is in the adjacent apartment on the south side of the house. "If you raise the heat up, we'll raise the rent." Meg has checked with "the welfare lady when . . . getting food stamps. They can't help." Michelle: "That's not feeling OK to me." Meg: "That's not feeling OK to me either!"

Tom, drawing at the dining table behind us asks, "Mom, do you like landlords?" She answers, "We like everyone; I don't like what some of them do." Turning again to Michelle she says that they are in their present house "on a temporary basis, to see how things work out. The kids wonder if we are going to get kicked out." Tom asks, "Mom, are we?"

After she reassures him, he asks Michelle, "are you Ted's teacher?" (thinking this might be the home visit from his brother's Head Start teacher). When Michelle answers "No," he asks, "Who are you?" She then says, "I'm your Mommy's friend, Tom, and I'm from Family Head Start."

The conversation turns to Alice, and Michelle comments, "You're really good at imitating what your momma is saying!" Alice had not been feeling well, so the developmental won't be until next month. Meg has a forehead thermometer strip that Michelle has never seen, so they examine this new method of taking a small child's temperature.

When the two women discuss the possibilities of getting auxiliary heat in the house, Alice gets restless, and Ted worries, "Why is Alice crying?" Michelle compliments Ted on noticing, takes Alice up and says to her, "I'm talking past you to your Mommy. Shall we do some finger-play? At this age, it's a long time to wait!" (Michelle speaks at each visit about the way Meg's children care for each other, their social development. Michelle asked the older children's help the following month during Alice's developmental, explaining it to them.)

The conversation goes back to the house, and the heat. Meg finds one good thing about a bathroom so cold you can see your breath. "You take fast baths!" Meg has been unable to get on a low income housing list because of a bad write-up from her previous landlord. There had been no problems as long as she was working. Then she had the baby, went on welfare, had an appendectomy. Not only was she under stress, but the landlord changed immediately. She was bad, and her children were instantly trouble-makers. He had singled out her children to be forbidden to ride their bikes in a certain area, and he had blamed them for papers on the grass during the two weeks her children had been in Seattle. Meg feels this is because she was "the only single parent family on welfare in that housing unit, and he wanted to get me out."

Michelle asks, "You know how the blacks feel?" Meg answers, "Oh, yes! Like a scourge. I'm below scourge. What's below scourge?" Michelle responds, "That felt demeaning to your self-worth." Meg adds, "Like I was getting pulled down. . . . I don't want 'Poor Meg.' I can do it, if anybody would let me try." (Michelle has asked if Meg would like her to look into the housing matter, but Meg has said she wants to handle the housing bureaucracy herself.)

The conversation turns to a number of options for dealing with Meg's financial problems. Meg's preferred solution would be to get help in collecting long-past-due child support. Realistically, her option seems to be taking Tom out of parochial school, not adding his sister to the school, and moving to a part of town where they can both walk to public school next year.

As they talk, Meg is playing with and talking to Alice. Michelle says, "You're really aware of what she's doing, even if you're doing something else. You're real tuned in."

Since the developmental was put off and the visits had not centered on the children, Michelle asks if Meg wants to begin to come to parent groups again. Meg decides that, since she had had STEP (Systematic Training for Effective Parenting) classes last year, she would like to review the infant-toddler development. "It's so long since I had a baby, I forget!"

Michelle leaves after making the next appointment, to include Alice's developmental test, saying, "If the children are sick, or you decide you'd rather, we can use the home visit to do things about infants and toddlers. I'd be glad to bring things to the house. You're doing real well!"

7.3.3 "Why Is It Always Like That?"

We'll stay with Michelle as she visits Katy Velasquez, who has a new little son. Katy participated in the center activities last year, when she joined Family Head Start. She hasn't been to the center this year, in the last months of her pregnancy, so Michelle has increased the frequency of visits from monthly, as they had been, to at least twice a month, bringing center services to her at home. Now Katy is exhausted caring for Pedro, born in December, four-year-old Antonio, and three-year-old Maria. All were large babies, and the older children are very active and strong. They stayed with their father and his new wife while Katy was in the hospital having Pedro, but they missed being with their mother, and were anxious to come home and see their new brother. (When Katy and Pedro were first home from the hospital, she had looked radiant and quite rested. She had a Christmas tree and presents all ready for the older children's return.)

Katy has lived for four years in a low-income housing complex across the Willamette River west of Salem, in a green valley below orchard-covered hills. A large park across the winding country road fills the rest of the valley floor. A city bus stops just a block away, and a shopping center is within a mile.

Michelle's visit comes after a staffing with the regular advocate for the Morningside school area, the teachers and the bus driver at the Morningside Center. On Monday mornings the staff in each school unit review the work and needs of a number of the children and their families. In this way, no child or family goes unnoticed. (Michelle and Molly, as infant-toddler advocates, meet with the Family Head Start center team: child care staff, center van driver, Health Services Coordinator, Parent Trainer, and Special Services Advocate. They join the school area meetings on mornings when their families are considered.) Everyone had exchanged information about the care that Katy was receiving. Her boyfriend had brought her home from the hospital afer Pedro's birth, and brought them fast-food hamburgers. Katy's mother planned to come some of the time with "good food." Michelle, who is an inactive registered nurse, cautioned the staffing team about Katy's extreme fatigue. She asked them all to nurture Katy by telling her the good things they saw in her children, and "not to try to teach her for a while." For example, she suggested it may be more helpful to say, "Sounds like you're having a hard time disciplining the children right now," instead of, "You're the head of the house and you should . . . "

Katy's mood swings between hope and hopelessness, matching the relationship with her boyfriend. "Why are they so nice to you until they marry you, and then change so much? Why is it always like that?"

As we come in, we are met by the two "big kids," and Michelle asks them, "How do you like having a baby?" Maria answers, "Yes, I like it!" and Antonio responds, "He makes it hard to sleep, so I'm going to go sleep at the farmer's house!"

Michelle turns to Katy to be sure she heard him correctly, and Katy assures her, "Yes, that's what he said." Michelle smiles a wide, reassuring smile as she answers them all. "That's a reason not to feel glad about a brother. I remember feeling that way. I was the oldest, and I didn't always think it was fun."

The children settle down to watch TV in the living room. We sit at the kitchen table, either bright with sunlight through the wide patio doors, or dark as rain falls from fast-blowing clouds.

Katy had called to postpone a visit last week, and now explains the tensions that led her to wait until she could get something from Michelle's visits. (Michelle thanks her for calling in the cancellation, and agrees that it is best to wait for visits sometimes.)

She and her boyfriend had disagreed on the disciplining of her older children. "Since I got married real young, out of my parents' home, I didn't want anybody telling me what to do." Yet her friend, "thinks he's in charge, and what he says, goes." It's Katy's house, and she feels she has the say over her own kids.

She hasn't been sleeping well, is tired in the morning and occasionally misses getting the older children up in time for the Head Start bus. "Pedro has only gotten up twice to help with young Pedro." Katy has been getting up in the night to take care of the baby, sometimes every hour.

Together the women discuss Katy's dream of having help, and the sadness that results when those dreams or expectations don't come true. Michelle wonders aloud if these feelings about the father would trigger some of the same feelings toward the baby. Katy responds, "Yes, I've been worried about that." Later she adds, "Antonio was never jealous of Maria when she was a baby. I wanted them back soon so they can help with Pedro and not be jealous of him. . . . I'm the kind of person that doesn't like to be alone. Is it better to have him here and hassle or away and alone . . . I don't know."

Michelle feeds back the ideas to Katy, and they talk over the options she might have. "The Adult Counseling Group can help you work out these things. You can go over what you are getting out of it. That's another way to look at this."

They look at the energy that the children are taking from Katy. "These problems with Pedro [senior] use up a lot of energy that you are wanting to have for your parenting." They agree. Katy says, "I'm not so excited about the baby." Michelle answers with certainty, "Of course! You're not getting enough sleep!"

Now they go over the strategies to get sleep. Pedro senior is staying up until midnight. It is hard for Katy to sleep any earlier; Michelle asks questions about her alternatives: "Who can give loving to the kids?" "Who can help while you sleep?" "Who else could get up with the baby?" "Who else could be good company for you?"

(Although they could find no one at this visit, Katy has since been returning to parent groups in the center, and became friends with another mother in her housing area. They now trade babysitting and are supporting each other in these and other ways.)

It is almost time to leave, and Michelle opens a book she has brought saying, "I really like this and I think you will. You've been so aware of jealousy, and I marked that part. I don't expect you to read it all!" Katy beams, "I'd love a book to read!" Michelle smiles, "It's easy, with lots of good things in it."

As Katy changes Pedro's diapers, Michelle makes the next appointment, in two weeks. Katy has seen a good movie involving relationships between parents and children, so we are later getting away than we'd planned.

Michelle holds the baby for these last ten minutes. They discuss his height and weight. (He was nine pounds at birth.) The doctor is concerned with his growing too fast and with the problem of when to give him cereals. Katy asks if it would hurt to start now. Michelle encourages her to try to see what works best, and then to call as the days go by, so they can talk it over.

Michelle tells Katy, "He's in fine, strong shape. Look at his sparkling eyes. We'll give him a developmental soon. It's such fun, when they're little, to see what they can do, and watch them grow and change, and how fast that change is." She then talks directly to the baby. "You're sure a tender thing. I wouldn't like being wakened by you all night, but there are lots of other nice things about you!" Handing him back to Katy, Michelle smiles lovingly to them all, and we say goodbye.

7.3.4 "I Always Have To Be The Strong One"

Eloise Drake, advocate, and Spring Rain meet at least monthly, this morning in the center parent lounge. Eloise joined the Family Head Start program as a parent, became a Head Start classroom teacher's aide, and has gained training and skill as she has accepted a series of increasingly responsible positions. When Spring joined the program this fall, she was paying very high rent in a large apartment complex which had no outdoor place for her five children to play. She has since moved to Jefferson, a small town about 15 miles to the south, the only place where low-income housing for such a large family was available. Since Spring is driving Rosa, four, and Christina, three, to their Head Start classes, she also attends group meetings and schedules advocate visits during these hours. Sometimes the schedule falls apart. Her car breaks down, a child is sick, or she has problems with her boyfriend.

Spring and her children have won the hearts of the mothers in the Infant-Toddler Parent Group, and the Adult Counseling Group. Her open sharing has endeared her to the others, and when she was moving out of town, one mother voiced the general opinion:

> Last week, when she talked, I decided that if she could have gone through her life and still be as strong as she is, I could do something too. I could stop smoking right now. She's an inspiration. We can't lose her.

This is the second visit preparing for Spring's center family assessment, her first. First, Eloise brings answers to concerns and questions that Spring and she had discussed last time. Since Spring's attendance is less regular now that she lives in Jefferson, Eloise stresses that it is even more important to call and cancel child care or in-town transportation when she can't come. (This, like confidentiality, is a rule that all Family Head Start members recognize as a rule.)

Spring had been feeling a need for "time out" from her children. Eloise is really excited to be able to offer Spring an expanded service beginning in February. It is respite child care, weekly, either Wednesday afternoon or Thursday morning. She can choose and reserve whichever time she wishes.

Now they continue with the pre-assessment thinking that they began last visit. Eloise reviews what they had covered. During the nutrition assessment, they discuss the values of various foods, and laugh at how good for you squash is. "We must be really healthy. We have it coming out of our ears!" And chili peppers are good for you. "That's great! I cook Mexican!"

All five children are up to date in medical/dental requirements. (The twins are in school, two are in Head Start classes, and one is in the infant-toddler program.) Eloise is delighted and compliments her. "That's great! It takes a lot of time and work to see to all that!"

As they talk, Eloise tells her who will be coming to her assessment:

> Elizabeth Ross, Health Coordinator, will be there. The children's Head Start teachers can be there, if you want, for direct feedback. If you don't want the teachers there then I can just give you their assessments. Nina will be there, and that's fine; you know her [from Adult Counseling Group]. Ellen will be there. One of the girls in the office will be there to take notes. Then I'll sign to agree to do what I've said, and you'll sign to work toward your goals, and everyone else will sign . . . that they were there.

Spring worries about crying and getting out of control. "I always have to be the strong one." Eloise asks her to think what would happen if she did get out of control, but Spring was afraid, "I don't want to lose my kids."

> You know, your kids all speak both English and Spanish. That's a great thing to give them. I wish I had that!

> But the kids don't sleep; they're driving me crazy! . . . I need to start going to church again. I can cry and release. When I'm not going I'm not being close to God. My pains may be God trying to bring me back.

Now they come to Spring's health, her terrible headaches and inability to read or sew as she used to. "Do you feel you could go for a physical?"

"I need a vacation." Then Spring talks over the possibility of going to Mexico in the summer to meet her boyfriend's parents, leaving at least the twins with her father and stepmother in California. But Spring and her boyfriend are now fighting, and that's scary too. As Spring keeps saying, "Things are getting out of control."

Eloise suggests, "Sounds like it's a nice relationship and you are worried about it." Spring says:

> I just don't care anymore. I feel like escaping. If we could be near his family, washing clothes by hand, it would be like when the twins were born and we were living in the mountains. . . . Each week I go over the same problems, crying it out. But seems like I don't have energy to change.

Eloise asks, "Seems like you have plans for the summer. What can you do until then?"

After they discuss plans for Spring to move back to town when the low-income housing is available for larger families, they go over the way the children and her boyfriend get along. Sometimes he plays with them, and recently he bought one of them a pair of good shoes. Spring is afraid that he cares and afraid that he doesn't. Eloise puts it this way:

> Sometimes in relationships what you want is more and more, and it's hard to stand back and say, "Let's go slowly, and take it step by step, and build a relationship!" Otherwise it can put too much pressure on that person. Like the relationship with him and the kids. That has to happen step by step.

Spring agrees, "It's hard controlling my emotions. It's hard." Eloise continues, "Wanting good relationships right now makes a person real angry sometimes." Spring: "I don't know what the answer is." Eloise: "I don't either."

They decided to think about what Spring has done: she has brought up her children so they are way above level in all the Head Start class areas; she has volunteered in their classrooms, and been part of the Highland parent meetings; she has been an active volunteer in the classroom; she has been active in the Infant-Toddler Parent Group when she gets to town, and in the Adult Counseling Group! "That's a lot of good stuff!"

Perhaps some of the problems can be brought up at the assessment. Emotional and sleep problems around the children can be brought up and Elizabeth Ross can help. Spring says, "I want to be in touch with a mental health counselor." Eloise: "Is that something you want me to see about?" Spring: "Yes, that would really great."

After they discuss the doctor she has seen, they try to find ways to write down questions and problems so that the group at the assessment can know what to help them with. "What shall we put down?" "Time away from the kids . . . [but] I don't want to lose them." Eloise asks:

Does it feel OK to you to do respite child care every week for a month? If needed, it can go on longer. Does that sound like a good plan to you? We're doing this as *your* plan. When we get together in the assessment meeting, we can go on. Is there anything I can get information for you on? I can't *solve* it, but if there is any information I can get . . .

I've got to stop flipping out.

Let's talk more about that as a goal. We can have goals about that: When times are hard, to know how to get through *that* day.

But I need it *today*.

We leave with Spring promising to keep in touch with Eloise, each day if she needs to, until the assessment. At that time, they hope to get more people working on the problems.

7.3.5 "I've Got Family Head Start and I Can Go On"

Eloise's next home visit is with Sue Olson's family, now in the program for the fourth year. Eloise visited with Sue when she and her three children were living near the Family Head Start Center last fall, behind locked doors, afraid of whoever was throwing rocks through the windows of their house. Aware that it might be the children's father, Sue moved to a lovely little house. There she welcomed Eloise into what she hoped was a safe haven--there was no more rock-throwing. Later, Sue and Mac, the children's father, attempted to reestablish themselves as a family. Eloise visited them during this period, either at home, or in the center where the children could be in child care during extended and often vehement adult discussions. Visits have been monthly, every two weeks or weekly, depending on Sue's needs.

We'll join them at the center when they are preparing for a family assessment scheduled for next week.

Sue has been feeling caught between what her parent's family expects her to be, "Grandma's angel," and her own chosen effort to change and to learn. She doesn't want to have to choose between her family and Mac. He doesn't want to have to choose between his friends and Sue. Both Sue and Mac want to be parents to the children.

Eloise, Sue's Family Head Start advocate, and Phyllis, Sue's down-to-earth case worker for the state Children's Services Division, have high praise for Sue's ability to be parent of the children, alone. Neither Eloise nor Phyllis is confident of Sue and Mac as parents, together. Sue, Mac, and Eloise review the status of the children. Phyllis is monitoring the two-parent household, and CSD will take custody under specified conditions. This time, Sue and Mac have some good experience to report:

> Mac had gone to the drug counselor, told him what he wanted to [tell him], and then came home to us! If I'm not there, then Mac's in charge. And I mean all three kids, not just one. [All three are not Mac's children.] To me it's important that Grandma not stress the difference. And, he gets Roberta off to school in the morning.

Eloise smiles at both of them, "Does it feel good?" Sue responds, "Yes! We talked 'til 5 a.m." Mac begins to explain his position. "I want to be what I want to be. I want to be with my friends. I don't just 'go downtown.' It's my lifestyle." Eloise asks, "How is your lifestyle going to affect Sue and the kids?"

> I know I've got a family. Who do I please? My family or my friends? How should I feel? My old friends are being cut off to make a new start. I'm changing faster than they are. . . . I'm having a hell of a fight with myself. [I'm working on] . . . my new ability to talk to you when I'm straight. I put myself in a barrier, get afraid, don't talk.

Eloise begins to collect information on how often these two parents are seeing other agencies or individuals for some kind of help or supervision. Mac sees the drug counselor two times a week and his parole officer weekly. He is negotiating other parole requirements. Sue sees Eloise, and Phyllis, and her physician each week.

They begin to discuss the assessment, and Eloise tells Mac about what an assessment would be like. Who would be there? Bobby, Jim's Head Start teacher; Jesse, who works with Jim on his speech development; Nina, Family Services Director; Elizabeth, Health Coordinator; Phyllis, Children's Services Division Caseworker; Ellen, ethnographer; Eloise; Sue and Mac; and a notetaker, to take it all down. That will be Jennifer. She will make three copies; one of them is for you. "Sue can tell you about the goals we try to work out. We don't do them all in one year." Sue and Eloise joke about one of Sue's goals that was on the assessment for two years, and is now accomplished. Mac asks, "Do they judge you? My kids are my life. I'll be on the leery side. I'm scared. Do they tell you what to do?" He asks new questions before Eloise or Sue can answer the old ones. They reassure him. "They make suggestions," was the way Sue says it. Eloise adds "I try not to say, 'You've got to. . . .'"

Now the assessment forms are brought out, and everyone bends forward to be sure that all the information is in good order. Health? All the required treatment is done! Good! Does Sue have any worries? "Does James hear properly?" "He tested all right at the Enrollment Fair." "When the TV is on, he puts his ear on it, or his hand." "At the assessment, we'll ask the teacher what she's noticed."

Sue has alerted the doctor about her worry, and they'll do something more about this when it can be worked in. Eloise encourages Sue to write down the questions about the children's health as they come up. It's so easy to forget them when you see the doctor about something else.

How is Sue's health? (She has a very serious blood disorder that keeps eveyone in her family and on the staff very worried.) Eloise worries that staying up to 5 a.m., even to talk, may not be such a good idea. Sue agrees, "It [her health] depends on diet, sleep, worry, and pressure." They discuss drinking as another hazard.

Now there is a longer interchange about feeling pressured by the children and ways to get over the pressure. Eloise suggests, "Beat a pillow, count to ten, take a cold shower, take a walk." Then after Sue and Mac report a time when he took the children for a while, she adds, "It sounds like you, Mac, were there to back her up!"

They return to the way Sue feels pulled by her family, and Mac by his friends. This is a problem they stated as a goal for the assessment. They are not really finished with the pre-assessment form, but the time is up, and the problems can best be handled at the assessment where more people can help. "So many people are involved in your lives."

In Eloise's words, "Let's go for it!" Smiling, the two echo the words exactly. Then Sue adds quietly, as they leave, "No matter what happens, I've got Family Head Start, and I can go on."

7.3.6 "We'll Be Close When I Need Her"

Our last two families have Jeannie Jens as advocate. Jeannie and Lisa Young meet monthly, usually downtown where Lisa works at the "Y." (Each month Jeannie tried to arrange for me to join with them. This was always frustrated by three different working schedules. I learned what happened at each visit by talking to Jeannie and to Lisa separately.)

Lisa, beginning her fourth year in the program, told me about her two advocates.

> Naomi was our first advocate. When she quit, we talked over all the things we'd been through together--marriage, one child, pregnancy, a second baby, divorce. Then Naomi got pregnant and I got to go through that with her.
>
> The first time I got to know Jeannie was when I went out as a volunteer recruiting with all the advocates doing recruitment--Naomi, Jeannie, and Molly. We always got a good reception.
>
> This year, since I've been at the "Y," and teaching swimming to mothers and children, it's been really funny to find I'm teaching the things I just learned at Family Head Start! I'm using the skills to get other parents involved with their children!

Lisa tells about exchanging parenting and child development materials with Jeannie. "The "Y" has some really good ones; I knew she'd be interested." A newspaper account about Lisa and her classes had this to say:

> . . . the program emphasizes family involvement, positive parenting, physical fitness, safety and movement exploration in a positive environment, said staff member Lisa Young.

Jeannie reports the same picture, "Lisa is not having any big crises, just the problems that come with increasing independence."

Now, in the spring Lisa says she has big news. She has had a birthday, her 21st, a real celebration. She is going to move, and have a new occupation! She told Jeannie about it at their last visit. Jeannie also tells me, separately, about the visit. It was great fun for both of them. Lisa is enrolling in nurse's training at the community college. Jeannie and Lisa each tell me about how Lisa is scared, how Jeannie offers to go with her to find out about it, but how Lisa does it on her own.

> At the end of two-and-a-half years, I'll be a nurse, and finished with Welfare forever! By then Michael will be out of Head Start, and Melissa will be well along in school.

Lisa reviews all the things she has learned in Family Head Start. First, she had learned enough so that she could work, and now she has grown enough to take the next step. (Her "Y" job paid so little that she still received a welfare grant for child care.)

> All three of us will thank Family Head Start for a new life! It won't be easy; I never liked school. Jeannie and I have it all worked out. I know there will be lots of times when I'll need her.

In Jeannie's words:

> Lisa has been on hold this year. She's not made any big changes, or needed me especially. I'm sure that these school years will be times of lots of growth again. Change and growth may hurt, but she's fine. Lisa is really solid.

Lisa sees the same thing:

> I really feel at home with Jeannie, but I won't be close to her until I need her. And I know that I'm going to. I'm really glad she's there.

7.3.7 "I've Taught Them and Get Angry That They've Learned It!"

Jeannie invites us to ride with her on her weekly visit with Jen Porter and we notice her rising excitement and anticipation. Jen entered the program this year, and already uses everything that Jeannie knows and can share. Jen and her two sons, Tom, four, and Jerry, two, live in a second-floor apartment in a low-income housing apartment east of town. A block away, across one of East Salem's busiest intersections, is a large shopping mall.

As we come in to the apartment, Jen asks us to sit down, brings us coffee, and then excuses herself to sit down at the dining room table with Tom's Head Start teacher, Joanne Butz, who is just finishing her monthly home visit. Jeannie plays with little Jerry, so that the visit is uninterrupted. Joanne leaves things "just for Tom" to do during the month.

When Joanne leaves, Jeannie brings up some business, just two things before they get on with what Jen wants to talk about. The nutrition assessment is back, and they go over it with lots of good recipes and food substitutions exchanged. Jen says:

> This is really helpful. I'm also in EFNEP [Expanded Food and Nutrition Extension Program]. I really have liked it. I needed it. I really learned a lot. It's a great program. Because I don't have a phone, I didn't get to go gleaning this summer. A lot of them got a lot of good food that way.*

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*The extension division not only demonstrates cooking of regular menus, but trains mothers to can and preserve the gleaned products for themselves and to share with low-income senior citizens and handicapped people.

Jerry comes to the living room, bringing out some possessions that are not his, and Jen excuses herself quietly to take the collection, return it and speak to Jerry in a very clear and direct way.

Jeannie says to us, "Doesn't Jen do a terrific job? She's so quiet and so consistent. I just love to see the way she does it." When Jen returns, Jeannie repeats this to her, saying, "We've just been noticing how well you do that." Then she says to Jen, as to us, "You are so quiet and so consistent." Jen smiles shyly, "Thanks for saying that. I worry that I'm not doing anything right with him. It really helps to hear that."

The second business item, to look at the rough draft of the Family Action Plan for the assessment at the center, takes just a minute. They had worked on it last week. The key to the plan is to give Jen all the help she needs to be able to take care of the boys. That is Jen's first and only priority.

Now Jeannie settles back for whatever Jen wants to talk about.

> Jeannie, I've got to tell you! I've gotten so much out of the two groups [Adult Counseling Group and Single Parent Workshop]. I can't believe that your signs have already come true! I haven't talked much, but I've really gotten a lot!

Jeannie reassures her about the value of listening. Jen goes on:

> It's been good to see that there are all those adults, but they have feelings. I see them expressing emotions. I'd thought that adults were all strong.

Jeannie discusses this for quite a while, emphasizing how good it is not to have to be strong. Last week Jeannie made two signs for Jen to put up on her refrigerator to look at during the week. One sign said: YOU ARE NOT ALONE. Jeannie had told her, "This will become clearer as you go on in Adult Counseling and the single parents' group. It's hard to believe now, but it's true." The second sign reads: TEARS ARE NATURE'S SAFETY VALVE: THEY HELP US HEAL AND GROW. She had explained to Jen, "It's OK to cry; allow it; it's not a reason to panic."

Jen gets her "assignment" from last week. Jen had been feeling guilty that she was not getting anything done, so Jeannie asked her to make a list of everything she had done that day. They laugh at how much she really does.

Now they start on new work assignments for the next week: "Put on the What I Have Done paper a new item every day: TIME OUT FOR ME." Jen responds, "Oh, that's going to be hard!" Then, after a pause, she brightens up, "I can put down reading in bed before going to sleep at night." Jeannie shakes her head, smiling, "No, in the daytime, when the boys are expecting you to be for them, even if it's time for a cigarette, or a bowl of Cheerios. Then you tell them, 'This is time for me. Don't interrupt until I'm done.'"

Jen laughs in disbelief, "I've taught them that I'm available to them; and then I get angry that they have learned it!"

Jeannie is amazed and compliments her on picking this up so quickly. (Later, in the car, Jeannie says she herself had been far slower at realizing how she had trained her kids to be selfish. Jeannie uses the term "selfish kids"; since Jen's concern is with them, Jen is willing to teach them to respect her time for their sakes.)

As the women talk, Tom washes up to be ready for the Head Start bus, and Jerry gets out a truck and washes it in the bathroom basin, wanting to do it at the same time Tom brushes his teeth. Jen intervenes, saying as she rejoins us, "Jerry loves to play in the water."

As we are getting ready to leave, Jeannie looks at the drawings the boys had been making. Jeannie offers to make a drawing for Jerry, "a Jerry Duck." She makes sure he watches every move. She calls each part of the duck by name. "And Jerry Duck likes to play in water! Guess like Jerry who?" He giggles, wriggles and is delighted. She uses a red pen to make the duck, and then gives Jerry his choice among several pens. He chooses the red one, and Jeannie gives it to Jen, telling Jerry, "You can use the red one for your very own, whenever your mother says it is allowed." Then she promises to bring one for Tom next time. (The first thing she does on getting back to the center is to go to the supply closet and get out a red pen and put it in her folder of Jen's material, saying "I mustn't break that promise to Tom!")

As we stand at the open door, Jen turns to Jeannie and hugs her, saying "I have to thank you, you're a gem." Then a second hug. Jeannie responds warmly, saying, "I don't want to squash you, and have you go away!" Going down the stairs, Jeannie says, "I'll be high all day!"

7.3.8 Summary: Different Ways To Be "My Friend, My Advocate"

What does a mother mean when she says "my friend, my advocate"? Since there is no average welfare mother, no average Family Head Start mother, our kaleidoscope shows different meanings. (As the girl named Trouble suggests, if we were to visit these families in other months, or other years, these same pairs of friends would answer differently.)

For Rita, her advocate, Molly, became a real friend and person during the day we were there, after a year and a half in the program. (As Lisa said about her own advocate, "We won't be close until I need her.")

Jeannie and Michelle have a peer relationship with mothers like Lisa and Meg, in this respect: the two mothers have some special knowledge to share with their advocates, who enjoy being in a position to listen and learn. These are mutual friendships. Lisa shares her positive parenting with Jeannie, and they marvel together at the vision of Lisa's new life.

Michelle looks forward to learning, as Meg enjoys telling about Micronesian ways. Meg anticipates "a real good visit" each month. In much the same way, Michelle appreciates Meg's independence and her illuminating wit. (On a Sunday evening, after the official close of the research/observation period of this study, Meg had a crisis, unlike the even-flowing year before. She and Michelle talked by phone for over an hour that night, and spent two hours on Monday planning how to use Play Therapy and other resources to address the problem. "She was there when I needed her. It sure felt great!")

When Michelle goes to visit Katy, on the other hand, she is visiting a mother who is extremely quiet and reserved. Katy's whole body leans toward Michelle as they talk about her life. There are no signs of fear or guilt blocking the flow of confidence and trust. They move in rhythm, and speak in harmony. Katy calls on Michelle in crises while maintaining quiet dignity. They hear each other.

Eloise's visit shows Sue and Mac using all Family Head Start's help in a crisis. Both before and after this time, there is an easier period of growth. Sue has said to Eloise, "You're like my mother, the way my mother would be if she were of your generation." Eloise was surprised, and delighted. They both giggle, with a quick, light touch. Sue rebels against Eloise (as against her grandmother who adopted her), and then when she tells Eloise how she had felt, she and Eloise laugh and hug and know that the love between them wasn't hurt at all. Sue's dream of an ideal family as happy-go-lucky matches Eloise's infectious warmth.

For Spring, Eloise isn't mother, but a friend--she is someone who hears, and cares--at those times when Spring believes that anyone loves and cares. As friend, Eloise gives Spring love and approval in sharp contrast to Spring's church friends who give her guilt and reproof.

Jen brings up the subject of what Jeannie means to her in this way:

> I don't think any of the advocates could have been like Jeannie. I don't know what it is about her. She's just perfect for me. All the other advocates are wonderful ladies, but she's just right, I don't know how it is that we mesh [she interlocked her fingers to show it]. Maybe they are just so good and have so much helpful information that they are different with each family. I don't know. I feel so at ease with her. . . . I didn't the first time I met her. She came here for the interview. I guess it was the first time in years and years that someone had come into my life on their own. I had been meeting people and if I liked them I went back; if not, I didn't, so maybe that's why I felt uncomfortable that first time. But I hadn't been letting anyone close to me. Now I can't imagine feeling that way with Jeannie. There isn't anything that isn't safe with her. If I don't [feel safe], then it's me that's the problem, not her."

7.4 The Way Our Groups Are

There has been a basic pattern in the center groups. Experienced families know this pattern. They help new parents join in, and in the same way, helped me fit into these customs. They not only told me what the pattern *was*, but what it was *not* on those occasions when this basic pattern *was not* followed: "You mustn't think *this* is the way our groups are. This isn't like them at all!"

This is the pattern: (1) "sharing time"; (2) review of ground rules; (3) discussion of shared feeling and experiences on the day's topic; (4) discussion of children's feelings parallel to step three; and (5) presentation of possible new solutions, new tools. (This numbering is my own; names are derived from formal or informal usage.)

The staff sees this pattern functionally, in terms of what each step accomplishes. At staff de-briefings after each group meeting, the leaders discuss each part of the meeting. They go over the contributions of each family member, the dynamics among them, and the extent to which the experience seemed to fit the needs of each individual or household.

(1) *Sharing Time* is a brief opportunity for each person to say what is important at that moment. For example, every family had serious problems during Christmas vacation. After sharing time, every member was content, with audible sighs of relief, to begin the next step. Sharing takes care of crises and brings separate lives in tune. Families see this in terms of these two sayings heard so often at the center: "You are not alone" and "Know each other."

(2) One of the leaders reviews the *Ground Rules*. For instance: opportunities for everyone to talk on each topic; and obligation to maintain confidentiality on private or personal affairs brought up in the group. The ground rules focus the group's attention to the importance of the time ahead and insure that everyone has the opportunity to teach and to learn. Families refer to the confidentiality rule as "what Family Head Start says." It is one of the inflexible, absolute, unbreakable rules.

(3) The first step in discussing the day's topic brings out the experiences and feelings of the members. For instance, Jeannie passed out little note pads and pens with this comment, "This is for your notes. You'll want it. We'll all have things to teach each other. I guarantee it!" The immediate response to the sharing on each topic is relief that others have had similar experiences or feelings. This goes with a realization that there was wisdom to be remembered: "That's a good idea" and "She is so wise!"

Allowing and accepting all opinions and feelings of all group members pools their practical experience. All feeling and experiences are allowed--they are past history. They can all be used for the future. Families hear the staff say, "You are the primary expert on your own life; you are the primary expert on your own child's well-being." Families report how they used to feel ashamed or guilty, and that they now have hope and feel great!

(4) In this or in the next meeting, parents list their children's experiences and feelings on the same subject. Listing the feelings of children after parent's feelings are accepted focuses both thoughts and feelings toward the children. During an experience of having one's own feelings accepted, parents easily accept their children's feelings. Parent's faces soften, voices have wondering tones. "Is that how he feels too?" "She probably hurts more than I do. She doesn't understand as much as I do." "What can I do to help him?"

(5) New solutions give new tools for handling the problem. Specific suggestions are in response to openly asked questions, at the time an answer is deeply and urgently wanted. A mood of learning and questioning from step (4) shifts to a general mood of vigor and action. Since a main theme at Salem Family Head Start is "We did the best we could with what we knew at that time," this last step brings comments such as "I'm so glad I came," "I can't wait to go home and talk to my son," or "I have a lot of work to do before next week."

The sharing that opens the next meeting often includes results of trying out the ideas that were new this week." What we knew at that time" becomes a phrase to measure change. Parents know they learn more and acquire new options each week. Successes and failures form a fabric of general conversation at the Family Head Start Center, or on the buses, or in phone conversations. In one of the newsletters sent out each week to parents enrolled in regular parent groups a parent puts it in this shortened form: "We got and gave support."

7.4.1 Single Parent Workshop

This was a five-week workshop, held for two hours each session.

Garbage Pail to Shortcake

After self-introductions and review of ground rules, the leaders suggested to the group of mothers that there may be four stages in single life, and everyone chorused personal variations on each stage:

(1) Garbage Pail: A feeling of worthlessness. "Who would want me?"

(2) Bananas: Find another man; fill every minute; grasping for something.

(3) Upside-Down Cake: Guilt at going out so much; resentment at being tied down; anger at freedom of noncustodial ex-partner.

(4) Strawberry Shortcake: Looking for priorities (own and children's) and finding the balance.

In the second session everyone brainstormed adult feelings about single parenting. There were 48 negative feelings called out: "chicken"; hateful; unwanted; failure; unloved; hurt; lonely. . . . Then Dixie (Salem Family Head Start Director, and one of the workshop leaders) asked, "Any good feelings?" and 21 were called out just as rapidly as the others: strength; relief; competence/confidence; I am desirable; I am in charge. . . .

The third meeting involved matching these adult feelings with children's feelings: unhappy; confused; hurt; disoriented; guilty; different; cheated; afraid. . . . Mothers sat in open-mouthed amazement.

> It's not their fault, but they think it is.
>
> How can I help them?
>
> It's harder for them than for me. I understand what's going on; I'm grown up, in charge. They have to take it and don't have any say.
>
> It must be so hard for them.

Two books were recommended to use as references, and were ordered for all the mothers who felt they could afford to pay toward their cost. The books are filled with much specific help. One is particularly helpful for the children themselves to read. The other is for parents.

Every participant mother gravely turned from thinking about herself to thinking about how her children were faring. Each spoke of wanting to go to her kids right then to "make things better for them." Many questions about their children came tumbling out:

> What about raising a boy with no man in the house?
>
> Should I treat my son as "man of the house?"
>
> He's being almost too good and grown up. Is this why?

At the next meeting, the books were distributed to all those who had ordered them. Everyone dove into the books for help right away. (There is no reluctance to learn, when one's own feelings are allowed. It then seems easy to imagine what others feel, to want to learn about them, and how to cope more adequately.)

Then Eloise (advocate) read a new book, one just for the children, for a younger age than the book they had seen last time. (It's available in the center library now.) Then as each person shared about her week, Jeannie Jens (advocate) introduced the topic of the day--networking--with some experiences of her own. She told of ways she had found to receive support from other women. Dixie led the whole group in a networking exercise, so each one could see whose help she actually has and who she knows who can be brought into more active help when she needs it.

At the fifth meeting, personal sharing time was filled with success in two areas: (1) getting help from this newly discovered network learned last week; and (2) finding ways to communicate with the children as discussed two weeks before. Several women reported that they had found support not only for themselves, but also for their children.

One mother reported that she had finally found the courage to file for divorce. Jeannie suggested planning a party with girlfriends to celebrate on the day of the divorce. That can be a bad time for being alone. Several women discussed the men "acting like fly paper" as soon as the divorce was really in the works.

The real problem is how to know and attract the kind of man you now want. Jeannie reported "kidnapping" a male friend, going to the beach, and having fun without the formality or tension of a "date-date." She's now going to start a new project--to write a loose-leaf book on how to get to know fine men. Everyone agreed to help and predicted that it would be a bestseller.

This led to a discussion of the man's point of view. Dixie reported that a man in her network felt great depression, missing the regular nightly company of his children. The mothers began to imagine how the noncustodial parent must feel. They were surprised that they could feel sympathy with the men they'd spoken so angrily about just four weeks before. They decided it would be important to share these new feelings with their children.

Finally, the group helped one member with the problem of really breaking off a relationship, examining how hard it is to do if you don't think you like yourself very well. Members of the workshop reviewed the police and legal help available in Salem in cases of domestic violence.

No one wanted the workshop to end. Mothers exchanged phone numbers and addresses. The leaders offered help if the group continued informally.

"She Didn't Even Listen To Us!"

Last year the same four leaders gave the Single Parent Workshop in just one day, and the parents at that time asked to have a longer workshop this year. (The recommendation for next year is to offer this as an ongoing parent group, since problems recur and apply differently to the children as they grow.) The four leaders were Dixie Dunlap (Acting Director of Family Head Start), Eloise Drake and Jeannie Jens (advocates), and Kit Marsh (not with Family Head Start, but a Children's Services Division caseworker). Kit was a professional acquaintance who remarked last year that she would enjoy assisting in the workshop. There had been no specific decision about the leadership this year; everyone assumed it would be the same.

Kit came in to the pillow-laden meeting room wearing very fashionable clothes (as many of the staff do), but with a difference. She walked in as if with authority and importance. I didn't know who she was, but noted that she seemed to be very different from anyone I'd met at the center. She seated herself next to another leader, Eloise. She was introduced as "another single parent, who could share from her own experiences." Her style was to restate or recap in her own words what each person was saying, even if there were several others waiting to speak, so that she became the focus of all discussion the first day.

After the session the leaders left for a debriefing, but since I hadn't asked to join them, I stayed in the discussion room with the parents and heard a loud, unhappy chorus. First they worried about the staff leaders:

> Jeannie didn't act like herself!
> Neither did Eloise.
> Well, same for Dixie.

Then they expressed fear for themselves because of the power of a CSD caseworker:

> There were so many topics that weren't brought up because she was here.
>
> It was like the man being there!
>
> Who's "the man"?
>
> My boyfriend in the Pen [Penitentiary] says that for anyone who can "write him up"--get him into trouble. She can write us up. How can we talk?

Then they identified what was different from previous center group experiences:

> Even if she wasn't from CSD, it's more than that.
>
> But it's her manner.
>
> Yes, she talks down to us.
>
> She's so much better than us.
>
> We're not as good as she is.

Several decided to talk to the Family Head Start leaders, who were, in several cases, their advocates.

> I'm going to talk to Eloise.
>
> . . . Dixie
>
> . . . Jeannie

Then as if becoming aware of my presence for the first time, Sue Olson added to me this caution: "You mustn't think this is the way our groups are. This isn't like them at all!"

During the next week, in the advocate room or in the halls, I heard bits and pieces of conversations between the Workshop families and the staff. The second week, when Kit came in, she found none of the leaders seated, and she came and sat beside me. As the group assembled, the other leaders sat between the family members, which is their custom. The leaders opened the meeting with a discussion of the concerns of the mothers that, as a CSD worker, Kit might not keep the workshop discussions confidential. The confidentiality rule was restated, and mothers were reassured that this applied to everyone; they were not to worry.

As the group began sharing time, the pattern of Kit's interjections resumed. We re-introduced ourselves, and Kit said, "*I've* been divorced for ten years, so I guess I know more about single parenting than any of the rest of you." The only responses seemed to be quiet intakes of breath.

Since the topic of the day was to be approached by brainstorming, the ground rules for brainstorming were repeated: everyone was to speak her thoughts; no comments or discussion of thoughts would be allowed to interrupt the free flow of ideas; even repetition is fine. Any and every thought is accepted, written down, and the thinking *about* the ideas would come later.

The topic of the day, as stated above, was "feelings on first being divorced, or becoming a single parent." Dixie wrote the brainstorming ideas on the board, almost unable to catch the overlapping torrent of ideas, which gradually grew louder and louder, effectively drowning Kit out. She wriggled, squirmed and made protesting noises beside me. One staff member gave her very colloquial response, quietly, to the mother beside her. This mother was one of those most frightened of the CSD power. The mother laughed, delightedly, and asked the staff member to repeat the word, to be added to the list growing on the blackboard. The other mothers also laughed with delight. This was seen by the mothers, as they said later to each other, and by the staff members, as they said later in debriefing, as a bit of outrageous humor so "far out" that no family could be "worse," and so the state Social Worker wouldn't be able to criticize them. The mothers recognized the protection by the staff, who share their feelings and their experiences, and can be trusted.

We learned a Lot--We Can Change

Between the second and third sessions the mothers continued to call and tell the staff that "it wasn't working." The Family Head Start leaders were also concerned. Before the third session Kit decided not to return. Eloise announced to the group that Kit had decided she couldn't continue to participate, and that they had appreciated her volunteered time. It was a quiet, thoughtful meeting in which the children's feelings were addressed.

After this group meeting, the leaders, now only three, met to talk it over. In unison, they said, "It felt good." Jeannie: "We learned a lot." Dixie: "What did we learn?" Jeannie: "Remember in other classes, when we've had guest speakers or guest leaders, if there was a problem, we tried to work with it and keep them. I think we learned that we don't have to do that. We can change." Dixie: "Get a divorce! Yes!" Unison: "Yes, and it felt good. Relief: moms, dads, and kids, everyone felt relief!"

At the end of the series, in the staff wrap-up, they again discussed this early crisis in leadership. They spoke of how the mothers expected the same kind of group that the staff did. "You know, maybe we should have this as an on-going group. I think we all done good, you guys!" This "all" referred to themselves and also to the families. Both staff and families spoke of the difference between the two patterns: (1) sharing and learning led by staff with supplementary books and leaflets, yet with everyone learning from everyone; and (2) being told by someone "who knows better."

7.4.2 Group for Parents of Handicapped Children

This group meets weekly for an hour and a half. Last year it met during the fall-spring program year. This year it has been made year-round, like Policy Council, Group Counseling and Play Therapy.

This is the second year for this group. Jeannie Jens, leader, prepared for the group by consulting with Matilda Mathae, on the staff. Each has a handicapped child. They compared notes and came up with a series of common experiences that they had had, and that they thought might form the core of a group experience. This year Jeannnie has as her co-leader Jesse Laughton, handicapped advocate and infant-toddler advocate. Some of last year's group members felt they had graduated from the group. Some returned as full participants; some returned as facilitators. Many were new to the group. Both mothers and fathers are regularly attending members.

Jeannie began with some things to think about. Jeannie thinks that when a parent realizes a child is handicapped, that parent goes through stages of grief of the sort that Kubler-Ross describes for death. In this case the grief is for "loss of a dream"--the dream that a child will be normal and have a full, normal life. These are the stages: (1) denial; (2) bargaining (arguing for more); (3) anger (which is hard to acknowledge); (4) depression (helplessness); and (5) acceptance. Then the stages begin again, going over and over all through your life. She described this as a cycle from anger to resentment, and to over-protection of the child. New Jeannie put the motto of the group on the board, "I did the very best I could at that time."

To begin to get the help and wisdom from each member of the group, Jeannie asked each one to introduce him or herself by explaining each child's handicap and the first trauma of recognizing it. Before the hour and a half group time was over, three mothers had gotten together. Two were trying to get SSI for their children. One mother who successfully fought the bureaucracy was helping the others. They made appointments to meet. In the following weeks, the successful mother took the data, prepared the papers, and now all the families have obtained SSI benefits for their children. Two mothers of asthmatic children compared experiences. They have continued to help each other all year.

The process of remembering and telling the first feelings on finding there was a handicap took several weeks. Denial was a common factor. If this was the family's first response, then other people--spouses, doctors, teachers, and so on--seemed to be in conflict with the family members who were denying the problem. If the mother saw the problem and others did not, then the problem was to try to convince the doctor, teacher, or spouse that there was a problem. They expressed resentment at the times they had to convince the authority that there was a problem.

Jeannie emphasized that the parent is the resident expert about her own child. "That's why we're learning to be even better experts by helping each other." The mother at home becomes the expert, close to the child, responsible daily, and needs different kinds of help. By the end of the first month of the group meetings each member had caught this confidence, while at the same time depending on the other group members.

Read it Now

Jeannie leads most meetings. Jesse listens, draws out and appreciates the parents she senses to be sad. She writes letters to them, not telling anyone. But the parents tell about it. Sometimes she mails the letter, as she did to one mother who spoke tearfully to the group about what the extra and personal encouragement meant to her. Sometimes she delivers the letter herself. Sue Olson's despair was lifted one day when Jesse delivered the letter and said, "Read it now." It was a statement of the values that Jesse wasn't going to "give up on." She wanted Sue to have hope for her own dreams too. Sue spoke of this with great tenderness, "She really understands me. She loves our children, as a mother, too."

"A Mirror Will Suffice"

The group is going to end the year with an analysis of an Erma Bombeck column they had looked at early in the year. "Now it will mean something, now that we've gone through all the steps." Here is an excerpt. Bombeck imagines God selecting mothers for each of the 100,000 handicapped children born this year:

> The angel gasps, "Selfishness? Is that a virtue?"
>
> God nods. "If she can't separate herself from the child occasionally, she'll never survive. Yes, here is a woman whom I will bless with a child less than perfect. She doesn't realize it yet, but she is to be envied. She will never take for granted a spoken word. She will never consider a step ordinary. When her child says 'Momma' for the first time she will be present at a miracle and know it! When she describes a tree or a sunset to her blind child, she will see it as few people ever see my creations.
>
> "I will permit her to see clearly the things I see . . . ignorance, cruelty, prejudice . . . and allow her to rise above them. She will never be alone. I will be at her side every day of her life because she is doing my work as surely as she is here by my side."
>
> "And what about her patron saint?" asks the angel, his pen poised in mid-air.
>
> God smiles. "A mirror will suffice."

Jeannie and Jesse agree.

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7.4.3 Parent Groups: "This Is Really Important"

These groups meet weekly from October through May for two hours. Only one group meeting was cancelled last year, on the vote of the members, to allow them to meet with a committee of the Special Session of the Oregon Legislature during an important Welfare hearing.

Mothers who have been in Salem Family Head Start for several years have gotten to know themselves, their children, and each other in a wide variety of ways. They report having had leaders who are advocates (with a wide variety of expertise), or other leaders who know "all sorts of things"--these were child development specialists, or parenting skills specialists, or experts in group process.

If parents have children between the ages of three and five, they have Parent Group meetings in the center (currently using the STEP program), and in the Head Start schoolrooms. Monthly Head Start Center Parent Committee Meetings and Classroom Volunteering are called "really important" by the mothers.

Many families entered the program as part of a large group of parents whose children were between the ages of zero and three. (These have come to be called "Abt families" in CFRP centers across the country.) Families remember the newly formed 1978 Infant-Toddler Parent Group for the delightful mornings playing and enjoying their little ones. Advocate Molly tells the story in almost the same words. It was valuable learning, and it was fun--a happy time together. Parents' reactions to hands-on child development experience in 1978 and 1979 sound exactly like parents' reactions to volunteering in the Head Start classroom: (1) They enjoy the children. (2) They learn so much. It is practical at home, especially where there is just one parent, or where both parents agree on a changed approach to the children. (3) They change their felt attitudes toward their children. They contrast how they used to feel the kids were a nuisance, or dumb, with their new feeling of pride and confidence in them.

For the last year and a half, parents in the Infant-Toddler Parent Group did not meet with children, but learned various developmental and parenting skills in a separate setting, using remembered experiences, current problems, or videotapes of their children as examples. Parents that I studied consistently brought child development questions to this group. Since Christmas this group has returned to the earlier format, meeting first thing each week with their children to practice and learn at first hand. Molly, advocate, talked with vivid and warm memories of the earlier way. Her firm conviction that the older pattern was much more effective was confirmed by all the staff involved, and gradually by almost all of the parents. (Another reason for the change was to use staff time to better advantage.)

Two of the Parent Group meetings after Christmas were used to prepare the parents to make the change. Jesse Laughton led in a practice of the way she would be helping parents to get to know their own children better. The staff prepared for the change during their regular meetings, and in pre-session briefings.

Very few mothers made the change easily. In the first meetings with the new schedule, fewer parents attended than before. Some mothers came exactly one-half hour late, after the child-parent interaction was over. Some mothers spoke of difficulties they had in waiting for sharing time, which under the new schedule occurred at the end of the meeting rather than at the beginning. Among their negative comments in the child care room were these:

> I think they'd [the children] have more fun without us.
>
> If I was a kid, I'd want more room than this. It's really crowded.
>
> My child is never going to be as far along as yours.

Advocates Michelle Newman and Molly Hunt and Marta Baxter, Parent Trainer, heard and worked with the parent's feelings:

What about attendance?

Did you hear what . . . said? She's not feeling very good about herself, and she's really not wanting to look at her kids and interact with them.

I'll begin to call my families on Monday afternoon to encourage them to come.

The staff's concern did not dampen their approach to the parents each week. The minutes when the families arrived are among the most intensely welcoming that I have ever experienced. Molly, whose memory of the earlier pattern was so positive, radiated excitement and delight. Every aspect of her small figure showed her personal and professional confidence that this was the best place for these mothers, fathers, and children to be.

Michelle, quiet, listening, and sensitive to the worries and needs of many mothers to be away from their children, moved toward them, taking their children, assigning one to me, being sure that the waiting child care staff member worked with children whose mothers brought more than one child. (Each mother was going to observe or interact with just one child, so that no mother would feel burdened, as they often felt at home.)

Marta sometimes watched through the one-way mirror, which was reassuring to parents who wanted to observe from a distance. Jesse moved from one mother or child or group to another, encouraging, participating, and enjoying everyone in the room.

Each week, signs were posted around the room, telling what one thing all the adults would be doing. One week the signs said, "Watch what your child wants and chooses to do." Another week they said, "Follow along and join in what your child is doing," and another time, "Listen to what your child says."

Pads and pencils are ready for each mother to note what is going on. Some do this more easily than others, but there is usually a call to "pass the paper!" when something interesting is going on. One week Meg

Black, Supervisor of Support Services, made a videotape of the activity time to be viewed and analyzed later in the month.

Some children who used to cry on separation from their mothers, began to enjoy the half hour on their mothers' laps, venturing out to bring something back. One mother who had never stayed for a whole parent meeting, and had never volunteered to say anything, now has done both many times. As a result, everyone in the group knows her and her child, and includes them in group discussions.

Several mothers who had been active in Parent Committees but who had not been actively attending to their children, changed dramatically. One three-year-old brought her mother a sequence of hand puppets. The mother had a whole company of pre-three's enthralled for about ten minutes. The mother was beautiful, and the staff was quietly excited then, but very openly excited in the staff de-briefing. They reviewed her progress. At the Christmas party, this was the mother who paid little attention to her two daughters when waiting for Mrs. Santa's visit. Other mothers and the staff members had reminded her to watch them. A number of times the others had rescued both the daughters and the refreshments. In one of the first child-parent hours, she began by taking pictures of her children and continued to watch one of them, almost as if she were looking through the view-finder of the camera.

Now she was both amazed and delighted when she told the group how much fun she'd had during the whole time. Everyone was so pleased. The parents were excited as they praised her. She had distinguished various ways the children had responded to her, and everyone discussed these responses as a developmental sequence.

Another mother, who had been strongest in protesting that the children would have more fun if parents weren't there, is now taking a psychology course at the community college, and has been bringing in articles quoting Piaget and others on the importance of the mother in teaching their children to speak. These are the same things this mother was being told earlier, at a time when she "just couldn't hear." Both staff and mothers thanked this mother for bringing such helpful resources.

Another mother was the "safe haven" for children coming down a new slide. Meg Baldwin was praised for allowing one-year-old Alice to climb chairs for the first time. Both at the parent group review of what happened with the children, and at Michelle's advocate visit to Meg's home later, Michelle reviewed not only Meg's children's growth, but also that of other children in the group. The developmental evidence in the children's interaction was "right there in front of us!"

Parent Policy Council minutes report the Parent Representative's response at the close of the program year: "The parents really enjoy the new format of their meeting with half an hour of interaction and observation."

7.4.4 Services to Families: A Confirmation

When my research on services to families and my analysis of the groups was complete, in March, Dixie Dunlap, the Acting Family Head Start Director, asked if I had read the printed materials they had written about the center groups. I had not even known such descriptions existed. They accurately described what I had already experienced and analyzed. Salem Family Head Start was doing, as far as I had observed, what they claimed to be doing.

During the May meeting of the Policy Council, a newly completed document was presented for Policy Council approval. It was called Family Head Start Philosophy Statement 1980-81 (see Figure 7.3). Also presented for approval were documents entitled Services to Parents and Services to Parents Individually Policy. (These documents appear in the Appendix.) I had not known they were being prepared. Everyone at the Policy Council meeting read them.

Figure 7.3

FAMILY HEAD START
PHILOSOPHY STATEMENT 1980-81

Family Head Start has this goal: to assist each family in developing its fullest potential as an effective child-rearing system and to assist each child in realizing his/her individual potential.

After considerable observation, experience, and inquiry, we believe that there is no single road to this goal. Rather, a family that is an effective child-rearing system has woven a complex pattern of thought, feelings and actions that is distinctly its own.

Family Head Start also believes that within each effective family's pattern are certain qualities which promote successful child-rearing. While these qualities cannot be "taught" in a traditional sense, we believe as a model family development program we can help families move in these directions. We can do this through organizing our staff so that as a program and as individual staff members we can recognize and reinforce that which is positive, create a nurturing, supportive climate for families, provide modeling, and give information and constructive feedback.

Listed below are some qualities that we feel are positive characteristics of an effective family.

1. Family members have a positive attitude toward themselves. Some effects of this quality can be:
   - Self awareness
   - Self acceptance
   - Taking responsibility for own feelings and actions

2. Family members have respect for other family members. Some effects of this quality can be:
   - Tolerance and appreciation of individual differences
   - Flexibility in family roles
   - Absence of personal rigidity
   - Clear communication of ideas and feelings
   - Ability to make joint decisions
   - Consistent behavior that leads to trust among family members

3. Family members have a positive attitude toward life. Some effects of this quality can be:
   - High levels of initiative (lack of passivity)
   - Balance of work and play
   - Expecting that human encounters are apt to be caring
   - Interacting with society and community

4. Family members have feelings of warmth, affection, and caring for each other. Some effects of this quality can be:
   - Open and spontaneous expressions of affection
   - Enjoying each other's company
   - Capacity for empathy
   - Supportive of each other's thoughts, feelings and actions

5. Family members have a shared belief in the value of family life. Some effects of this quality can be:
   - Sharing family values and goals
   - Taking responsibilities willingly for the good of the family
   - Parental interest in child development

One parent down the table said, in a quiet but matter-of-fact manner, "It seems like we've already been doing this." Dixie, the Director, responded that they had been doing this. Yes. The mother was correct. "But we try each year to find another way to express what it is we are doing." Another mother asked if she could have her own copy of the Philosophy page, because it said so well what she believed.

In the present report, the account of the groups is my own. (The description written by the staff is given as an appendix). However, the account of services to families (also in the appendix) stands in place of mine. It says it as I would want to write it. "It seems like we've already been doing this" marked a climax in this study. It is verification that the program does what it says, and that the participating families know and receive the full program, though they may see it "from a different perspective."

7.5 Home and Center Assessments

To the parents, the yearly assessment is the celebration, the focus, the landmark of their year, or years, in Family Head Start. Whether at home or at the center, information comes from many staff members. In the parent's words, "All those people, interested in me, in us!"

Each assessment illustrates the importance of an informed and active team giving close attention to one family at a time. Due to financial limitations, center assessments are open only to families with: (1) a special needs child; (2) special family recognition; (3) involvement in coordination among many agencies; or (4) a special/unique problem defined by the family advocate. These families use the advantageous team aspects of Family Head Start, and/or many community agencies.

When the program was no longer able to have all assessments in the center, Nina Craig insisted that it not be just families with problems who got special attention. Thus the families who make special progress are also included. For example, Jen Porter qualified for center assessment on two counts: a special needs child and special family recognition.

In home assessments, the same steps are followed in both preparation and actual assessment, except that after the advocate collects all data it is she alone who gets the family to coordinate, plan, agree and sign the papers in the home. Others on the staff are there only on paper. There seems to be no hard and fast rule about which format is best. Nina feels something important has been lost in having most assessments in the home, with just advocate and parents present. Advocate Molly said that for less involved parents,

> some used to get a boost by the center assessment to become more active; some were so traumatized that they didn't come back to the center. There was no telling who was going to go which way. It's possible that the same family might have reacted the other way on a different day.

Sue, Spring, and Jen have center assessments this year. They each contribute to their Family Action Plan, part of the assessment, in their advocate visits, above. Each of the center assessments begins in the same way. Nina Craig, Family Services Director, welcomes everyone, introduces each one, and explains assessments in this way:

> The purpose is to look at the plans you have for your family and for yourselves. [Then she gives examples:] You might want a different house, or for your kids to get something particular out of school.
>
> As a program we have some plans. As a CFRP, an experimental program, we have goals about your children's physicals; we care about your health; we want to follow the developmentals on your children.
>
> Today, we'll put them together, mesh the two together. Jennifer will be writing down what we all decide. [In two cases, she added that extra copies would be needed for CSD or other agencies involved in the assessment.] You, the parent, will have a copy of the plan, and so will we. We'll all sign it to show we have an interest and have an intent to follow through.

(Nina is what Spring calls "a very classy lady," warm, direct, strong, listening with remarkable intensity.)

In all three cases, these mothers begin their assessments by receiving high praise. Elizabeth Ross, the Health Coordinator, reviews the immunization records, nutrition information, and health records. Every mother has all her health requirements completed. It is a happy opening to each group, bringing smiles to Sue and to Spring, whose faces have not been smiling.

7.5.1 "So You're Not Under Pressure"

Sue and Mac bring problems and goals from a newly integrated household, which is being monitored by a number of agencies. Sue's welfare worker attends. Everyone is seated around a large table. Sue and Mac are seated together, but not happily. That morning, the Court had made Mac financially responsible for the children, thus changing Sue's previous welfare status. She had been responsible for the budget and now feels very much afraid for her children. She is not at all sure she can count on Mac's money as she did on welfare funds. Her fear and anger take away her excited anticipation of this big assessment day.

When Elizabeth reviews the family's long-range medical needs, Sue is very sad. "Mac is unemployed. There's nothing coming in. Maybe we can still get a medical card." Phyllis, her social worker, and Mac argue briefly about who would have to sign for some benefits. Phyllis insists, "Mac, I have to sign."

After a discussion of Parole and Welfare investigations, Elizabeth (the nurse), asks Sue, "Do you have any health questions about Tiffany?" Sue barely murmurs, "Ask him." Nina interrupts, speaking to Sue:

> I'm not comfortable about what's happening. He's claiming financial responsibility. You still have parental responsibility, the custody given by the court. I'd like you not to absolve yourself of this responsibility.

Sue listens, and shifts in her chair, and then begins to respond to the various questions about the three children's health needs. Eloise, reading from the plan she and Sue and Mac had prepared, reads about Sue's concerns about Jim's hearing. Jesse responds, "He's real auditory. He learns this way. Maybe he turned up the TV because he's learning that way."

Jim scores one year below level on all Boyd developmental tests, so Nina encourages Sue's perceptions and concern. "It was a real good thing to observe. Maybe he's just interested with his ears." Elizabeth reviews Jim's record, showing two medical hearing checks, and one at school, all normal.

Now, as others join in, asking Sue about any other health concerns, she speaks freely and easily. Sue gives an extended, technical account of her own health problem, her weekly visit to the doctor to check her blood platelet count and to get medicine. Then she tells about her health triumph of the last year.

> One really nice thing that happened, from last year's assessment. For two years, I've had as a goal to have a hysterectomy. It was too dangerous for me to have any more children. My platelets were way down, but the doctor got me built up to the point where I could have surgery. The 15th of July I came in here and told everyone; the 16th I had surgery, and five days later I went home! The platelet level stayed OK.

Nina responds, "It's nice when you can get to your goals." Eloise adds, "She had it scotch-taped to her cupboard for two years!"

The nutrition assessment brings up allergies to tomatoes and bee stings. Plans are made to spread the word to everyone in the program who might feed the children, or be with them outdoors or around bees. Mac tells that he is allergic too.

Jim's teacher, Bobby, gives her academic assessment, and plans are made to continue to work with him in the classroom with the teachers, and with his mother, Sue. He knows the color red and is now going to work on green. (During the summer, Family Head Start's Handicapped Specialist worked with Jim, and Jesse worked with Sue at the same time, so that Sue would know how to help Jim at home.) Jesse reports on seeing Jim once a week in their home, and has written his new Individualized Education Plan (IEP), with new goals to work on. In addition to the colors, they are working on feelings, and words for feelings.

> He needs labels for feelings. There are a whole lot of feelings happening; so and so is being sad, mad. . . . So he has an idea of what is around him and in him. What I see him doing is . . . just smiling.

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> [Then, turning to Mac] So maybe you could work on this: Just identify, "Right now I'm doing this because I'm mad." [and to Sue] If you say, "Right now I'm crying because I'm sad," or "Right now I'm yelling because I'm mad."

Sue responds,

> I tell him, "Leave me alone before you get in trouble." He'll sit in a corner, and then come and give me a hug and kiss, checking things out. . . . Then, if Mac's away, he says, "Where's Daddy?" And then I get frustrated.

Jesse repeats, "Then what you do is say 'Right now, I'm mad.' Do you see?" Mac has another question, asking for help of a different sort:

> Is there a possibility that I could get into a field--I'm playing dumb. [Then he explains that his street vocabulary is big, but his vocabulary for this place is very small.] I'm learning to be programmed. I never understood family life. I'm teaching myself, my son.
>
> Who could I go to, to see how to relate to my son? To talk to him? I'm not used to having kids bug on me. It's hard to get with people. I'm scared right now; he's catching me; he's watching me. I need to find someone half way.

Nina responds, translating what Mac said into Family Head Start words:

> What you're wanting to do is this. Let me say it this way. You know about street relations. Family relations is what you want to learn to do. Jim knows who you are. You want to be more aware of you so you can know yourself and help him. Do you want some kind of counseling?

Mac worries that he needs this help before Jim gets older: "I'm running against a block wall. I feel love, but I can't show it, yet." Nina takes

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this to be a request for the counseling help she has suggested. She turns to Jennifer, taking notes, and says, "Put this down. There's a federally funded counselor. If you want to do it, I'll find some help. There are things I can suggest." Mac responds, "If they drop me from the roll, I'll go to jail right now." Nina asks, "Do you need to be drug-free to stay on that program?" Mac's answer is, "It's scary right now." Nina concludes, "Then I'll get someone, and get to Eloise [who as advocate will deliver the messages and keep in touch with the family and with Nina]." Mac smiles in appreciation of her understanding, "I could go five years. Pressure."

Nina calls on Jesse to continue the discussion about Jim and his speech therapy. Jesse asks each parent, "Will you start working with him?" Jesse will also begin testing Tiffany, and help the family to help her too. Jesse is assigned to do the part of the family plan for testing both younger children, and developing up-to-date IEPs for both of them throughout the year. Jesse finishes with some words to Sue and Mac about their son, Jim.

> Jim is just delightful. He's got a real advantage. He's so lovable. He's a warm, affectionate little person. His thinking skills, this is just a part of himself. You can be real proud of being a parent of little Jim. He plays with blocks, and he wants a teacher. He wants a lot of approval. He loves to hug.

Mac asks her, "Does he watch you?" Jesse says, "No." Nina explains to Mac:

> He's watching you because you're real important to him, and he's worried about whether you're staying. The more you know how to do that [the suggestions Jesse is making], the easier it gets. In home visits Jesse will show you what things you can do, and how to interact with him.

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Mac excuses himself, goes out to get his parole report, and asks for help. He is to make court-ordered restitution, and wants to do community service at Family Head Start, where he can learn more about kids at the same time.

Before considering this, Nina suggests that the most helpful thing would be for Eloise to get a calendar, and with Phyllis from Children's Services Division, try to organize Sue and Mac's schedule. "You're under pressure. I'd like us to work so you're *not under pressure*." The list of weekly or daily obligations is mentioned. Nina wants the obligations put in a priority listing. Doctor's appointment for Sue is on top. So is Mac's appointment with his parole officer and drug counselor, for instance. With a calendar built from a priority list, Sue will know where she can get help that day. Phyllis will continue to judge how things are going in the house from day to day. If Phyllis sees Sue once a week, and Eloise sees Sue once a week, and the doctor does too, then Sue can think, in a crisis, "Who will I be seeing today?" or "Phyllis is coming tomorrow. I can see her then." Nina says it very clearly: "I'd like us to establish some regular things to give their lives some structure."

Nina sums it up:

> If Phyllis and Eloise each have your calendars, they can begin to respond in a better way. One thing I'd like you to do: de-escalate this crisis thing.
>
> You've been doing *nice* things, Sue. But if you increase the dynamics a thousand times, it's topsy-turvy. You've *been* doing a nice job. We can help, by putting it on a regular calendar. Check your calendar. *Wait* until someone is going to be there. Write it down. This will take some of the frantic madness out of it.
>
> I hear you saying you don't want to give it up [Sue's activities at Family Head Start]. You've been busy, but you've done a nice job at home too. You don't want to give it up, and I don't think that it's necessary.

Mac again asks about volunteering in the classroom as his restitution. Eloise says, "You should learn in Parent Group, before you work with the kids directly." He wonders, "What if I get a job?" Eloise smiles, "We have Tuesday night Parent Group."

Nina suggests that he have his parole officer call Meg Black, Support Services Supervisor, to see if they can find some physical work. Donating his time toward others is a good way of paying back. She asks if this is all right, and Mac seems pleased. The notes that Jennifer has been making are read and are signed; everyone seems relaxed.

Nina closes the assessment speaking to both parents, but particularly to Mac, concerning his communication with his son, Jim:

> There are lots of things you have to do. I'd like to have you have a chance to choose. I appreciate your coming. It's great to have both of you come. We sure will do what we can. I'll be working with Eloise to find someone to bring the barriers down.

7.5.2 "Give Yourself A Chance"

Spring has had a breakdown since her pre-assessment visit with Eloise. Spring had come to the center for help--Eloise, Nina, nurse Elizabeth, and child care Elizabeth, working with Meg of Support Services, had cared for her and her children. The children have been placed in temporary foster homes to give Spring a rest.

Because of this, two welfare workers come to the assessment. One is Theo Jacobson, who is also Spring's counselor, along with Nina, in the Family Head Start Adult Counseling Group. The other is the woman in charge of temporary foster care. The goals and plans primarily focus on this immediate situation.

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After Elizabeth's warm praise of Spring's care of her children's health, she encourages Spring to describe her own health concerns. (Spring has serious headaches.) Health decisions are made.

Spring continues to hear praise of her skill in being the sole parent to five children. She has done "a real good job" on nutrition. Bobby, the teacher, has no concern. The children are "way above age" on all the school tests. Spring's participation in the Head Start class has been full and dependable.

The assessment turns to the crisis in Spring's life and the children's status in shelter care. This is available for two weeks, with no court involvement, just to give Spring time to sleep. Eloise explains to everyone, "Spring feels badly."

Spring responds:

> For me, I'm regretting I did it, but that day I was feeling I had to do it. I can't be mother and father for the kids, and I need to get some back. [After a pause:] I already miss them.

Nina reviews the way Spring felt a few days before--a feeling which had been increasing gradually over the last few weeks:

> You've been concerned with the care you were giving to your kids. You weren't keeping your own standard. You had a feeling of breaking down, not being able to sew for the kids.
>
> I'm concerned with your taking them back before you have worked these things out. It's not good for the kids. Before you bring them back, make a structure and follow that, to show yourself.
>
> I'm feeling concern about the part of you that wants to feel young, needs your boyfriend's attention, and help with the kids. This time away to do some things may help him. He may see that you mean business.

Spring worries that no matter what she does the problem isn't in her, but is "out there":

> What will be different if I do that? No one cared about me when I was their age, but I have the kids. They don't have nothing.
>
> I'm never going to have grandparents, parents, aunts, uncles. I'm going to have to do it, I'm not going to give up. I'm not going to give them up.

Nina reassures her:

> I don't want you to give the kids up. Wait 'til Monday. Give it a week. [The kids are in two different foster homes.] They will be fine for this little time. They've had good parenting! It's obvious they've had good parenting.
>
> I'm saying I'm caring about what happens to you. You have done a good job with the kids. If you want to have one child . . . Look at these possibilities. What could you do nice for yourself? If you had one or two of the children, what could you do?
>
> I'd like to have you give yourself a chance. It's a voluntary placement, no court involvement.

Spring can go to day treatment for two weeks across the street at the state hospital. Nina asks her to "Talk to the counselor. Having the children in foster care would free your time in these two weeks." Spring repeats, "Nothing's going to change." Nina reminds her of the friends she's made in the center groups. "People like you!"

The social worker responsible for emergency foster care asks Spring, "What would you want to change, Spring?"

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At Spring's silence, Nina says, "It's hard to do that. At Day Treatment you can work out what you would want to do differently, but in small steps."

Eloise suggests to Spring, "Are you feeling guilty about the CSD foster care?" Spring says, with heartfelt emphasis, "Yes." Then she adds, quietly and thoughtfully, "I don't want them to feel that I'd give them up, that I don't care about them, like my parents did to me."

Eloise asks the welfare representatives, "Could she see them?" This turns out to be difficult, and Eloise tries again to help Spring feel how special she is: "It's hard to think of doing something for you, when you've been doing for them."

Nina reminds her about another friend, a member of the counseling group, who thought everything would be great if her husband just weren't there. But when he was gone, she was scared to do all the things she had wanted to do. Here Spring is doing the same, saying to herself, "Now that the kids have gone, what's really changed?"

Spring begins to feel less pressured as Eloise and Nina understand how she is feeling. There is one caution, however--they "moved heaven and earth" to get her respite care at short notice. It may not be possible to do all that again, so enjoy the rest! Theo wants her to be sure. He was the one who helped, from his position at CSD, to make this possible for Spring.

Plans are made to enroll the twins in school. And now Spring tells what is upsetting her so. Tuesday will be Christina's fourth birthday! Spring wants to see her then and be part of it. The social worker suggests having a second birthday later, with Christina having one in her foster home first.

Nina again intervenes, "Are you feeling, 'What if we don't decide by the end of this meeting?' I don't want you to feel forced to decide." Spring goes off to visit day treatment, knowing who to call if she decides to have her children come home early, and promising to return to the center after day treatment to talk at more leisure with Eloise and Nina. The signatures acknowledge a common concern, not a solved problem or a clear plan for the long run.

7.5.3 "It Was Really Good"

Jen's assessment, described to me later by each of the participants, was very different, "like night and day," from Sue's and Spring's. Jesse and Elizabeth were both sick, so Jen, Nina, Jeannie, and taking notes, Jennifer, "sat around, ate 'Herman bread' that Jeannie brought, talked and had a wonderful time!" Jen describes her own assessment this way:

> It's weird! To see what I had accomplished; what we had accomplished. It was fun after the beginning. I don't like the unexpected, so I didn't like not knowing for sure.
>
> They told me what to expect, and that someone would write it down. I'd get a copy.
>
> Talking about me all that time! Once I get started, it's hard to stop. It was really good to see that I accomplished things.
>
> Jeannie had talked to Jesse. We're still getting paper work on that. With Jerry [two-year-old], I need a lot of reassurance that I'm making progress. It seems like a dead end on a lot of things.
>
> Jesse said he's ahead in sharing! Children don't voluntarily share until five or six, and he's only two. Before, nothing was more important than Jerry. It's a great step.

We talked about Tom [five-year-old]. He's not having any trouble in school. They had asked Joanne Butz [his teacher]. We talked about growth, dental, eyes.

I'm so thankful for Family Head Start. And my weight. I'm not losing! For the first time in my life, I'm eating every day, the first time I've put on weight.

I want everyone in the program to see the advantages, to get the most for ourselves, our families. It carried over to others, who can give it back.

7.6 Other Events

I have observed many other Family Head Start events which are "building happy family memories and helping children and their families grow and develop":

(1) The opening meeting of parents in the Head Start classroom, learning the nitty-gritty ways to help and what to expect. I heard, with the parents, the Early Childhood Coordinator (the director of all the teachers) tell about the mandate from Congress--what Head Start must do, including the mandate on discipline. She told about the ways teachers will discipline children, and gradually ask the parents to help as they learn how. It was the big introduction to the world of a Head Start classroom, here in Salem where the two, Head Start and CFRP, are all one unit, and experienced by parents that way.

(2) Half a dozen classroom days, volunteering beside mothers, watching them aid in their children's development, as they had told me, seeing the fun they had.

(3) The Infant-Toddler Enrollment Fair, opening the year, with interviews on nutrition, health, and developmental testing. Old friends were meeting again, and new parents and children were hoping to make friends.

(4) A speech therapy hour with a mother and a son. Child development, watching linguistic and social skills grow each hour. The son silently mouthed a few words at first, and gradually whispered them, then, with giggles, jumps and hugs, talked aloud about what they were doing.

(5) Christmas parties with home-made presents, going bowling, and eating out later in the year.

(6) Bus trips (described to me)--sleepy early mornings, talkative, laughing, joking rides later in the day, singing and playing games.

(7) Play Therapy, for twelve children, with six leaders meeting weekly all through the year, resulting in dramatic development in even severely disturbed children.

(8) Policy Council and Parent Group Business Meetings, doing the work of the center, going to the State Capitol to protest welfare cuts, signing petitions, writing letters.

(9) The End of the Year Picnic, with children of all ages, mothers, dads, friends, staff, all glad that it rained yesterday and not today.

7.7 Getting to Know the Staff

Part of the answer to the question "How does the program work?" is within the staff members themselves. After two months of *experiencing* the program along with the *families*, I talked with each of the four advocates and the group leaders who were associated with my families. Then I spoke to each of the other staff members at the center, and the Education Coordinator, to see the services they provided and their significance, through the eyes of those providing them.

Because I asked what was important to *them* about their work, they felt this was finally "the right question" to be asked by evaluators. Each had a personal perspective. A bus driver, Amber Dawson, also a mother in the program, said, "As a parent I was an equal with the other parents. I'm not above them now, but I see more. It's a different perspective."

7.7.1 Advocates

There are five advocates, two for families with infants and toddlers, and three for families with children who attend Family Head Start classrooms.

Michelle Newman was the oldest child in a low-income family of "up the creek" kids, who felt that she was not "connected" to her family. Now married and the mother of three children, she has tried to be a parent very different from her own. Michelle was trained as a nurse and had volunteered at a community hotline, in a church education setting and at her children's school before coming to Family Head Start. She was attracted by an advertisement for a person who is "accepting . . . able to plan her own time,"--as Michelle says, "*not* a description of some curriculum or some degree, but the *quality* and *type* of person who was wanted."

Jeannie Jens has been an advocate since the start of the Family Head Start program. She was the child of a large, poor New England family. Her parents were divorced, and since her mother didn't want to be a mother, Jeannie decided at the age of eight to take care of her brothers and sisters. Later she did lots of "kid things" when she was past the "kid age." She herself is divorced and has a handicapped son. Though she is a trained teacher and counselor, she attributes her effectiveness to the school of hard knocks. "When I see some teenage mothers, I can *see myself*!"

Eloise Drake, warm, cute and giggly, remembers herself in childhood as very different: "Wallflower, *very* insecure, *hated* school . . . early marriage, from parents' home to my own. Didn't finish high school." After four children and a separation, Eloise went on welfare. When her youngest child entered Head Start, she became a classroom volunteer, than a class aide. She moved to Social Service Aide and then Social Service Coordinator for the Head Start program, with a caseload of over one hundred. She says she "didn't want to find . . . problems because I didn't have time to help, any more than just crises." Then Salem consolidated CFRP and Head Start, eliminating the noticeable inequity in services that previously favored CFRP families over Head Start-only families. For a time Eloise was Program Services Coordinator, in charge of "all the fun family things: workshops, macrame, dieting . . . Christmas trees, Operation School Bell (school clothing), social events." Finally, when an advocate's position was offered, which was more challenging, Eloise accepted it, even though "I was *scared*. I knew all the responsibility that went with it." She knows how families count on advocates. "They know I'm going to be there." She herself counts on the support within the staff team.

Molly Hunt was lucky as a child, made to feel special and very good. After one term in college she married and began a family. Her husband, then "Outstanding Young Farmer," was busy in community affairs, and she was busy with the children and the farm. Then came a year of medical disasters; her husband had a heart attack, and members of the family underwent nine major surgeries. Yet the disastrous year changed her life for the better. They took stock of their "too successful," too busy life and chose to "build memories" for their children. Memory-building is one of Molly's contributions to Family Head Start. They sold the farm, and her husband became a high school teacher. Molly worked, attended Community College, did a practicum at Salem Family Head Start and eventually completed her bachelor's degree. She is a leader in her Catholic church and part of a large kin-church network.

Ray Hamilton came to Family Head Start from the Juvenile Department. He found that his hardest adjustment was in relaxing the pressure on himself and his clients for immediate action, a pressure he had worked under for many years. He prefers to be part of people's growth and development at Family Head Start's individualized tempos. While sometimes wishing "I'd like to be able to control things and make them happier," he believes "People do the best job taking care of themselves." In addition to his work with families, Ray has helped in Play Therapy, where he found the changes in the children much more rapid than anything he had known before, just because of their age at intervention. "It's fun working with the little kids. With the teenagers, change is real slow, but not with the kids in Play Therapy."

There is a sixth advocate, Jesse Laughton, in charge of child care. Earlier, Jesse had set up and directed child care, then was a family advocate and a Head Start classroom teacher. Jesse can remember from childhood her own feelings, caring for others less fortunate than herself:

> I remember in first grade, standing with other girls who had nice dresses. There was a girl on the monkey bars. I can still remember her name. She was wearing overalls. They lived in a chicken coop. I left the girls in dresses to play with the girl in the overalls.

She can also remember the pain of an emotional trauma and an attempted suicide at thirteen. As a result, she says "it's important to me, today, to ask Sue Olson [a Family Head Start mother], for instance, 'How's that Sue feeling inside there?'"

7.7.2 Other Family Head Start Staff

The advocates, together with a Parent Trainer, a Planning Assistant and a Consultant for the Handicapped, all report to Nina Craig, Family Services Director. Nina says of herself and of the families she serves:

> I'm a real nurturing person with staff and parents, supporting their strengths and skills, by pointing out and appreciating their potential. . . . If it gets sticky or hard, I help. An advocate can take greater risks with parents knowing she has this support. I bring to the job therapeutic skills. I look for positives and have a realistic idea of what's possible, but of 100 families, 5 may go so much farther than you ever believe.

When Nina talks about the staff, she gives an idea of the reasons that they have stayed so long on the job. Nina and Peggy Sloan, former Director, protected the program, and their staff, to the extent they could, from the bureaucracy and its unpredictable changes. In addition, Nina adds the idea of building a team:

> I have skills in team building: (1) Not having conflict.
> (2) Prevention of burn-out (we have back rubs, we can go on each other's family visits, bring each other coffee, and so on). It's OK to have a bad day. If there are too many bad days, then we can help with that. There is personal therapy for advocates.
> (3) Responsiveness. For me too.

Nina, whose life has included hard times, "early mothering," and changes like the advocates', discussed the ways that she receives help from others too. Jim Craig, Nina's husband, is employed by Family Head Start as a Mental Health Specialist. Every Monday afternoon he leads group counseling, which is available to every employee, for one hour, every week. The second hour is for individual staff counseling by appointment, except for one week a month, when advocates meet with him to ask about their families, and secure his advice. The third hour he leads five other staff members in Play Therapy with twelve children under the age of six with emotional or behavioral problems.

Support Services Supervisor, Meg Black, supervises the child care, the transportation, and the office staff. Supervision includes interviewing, hiring, and training the staff under her. She says of the people she tries to recruit:

> In addition to the clerical competencies, we want . . . sensitivity and warmth. . . . It's hard when you are paper screening applicants to see the human qualities, the human warmth. . . . Support services help to make possible good things that happen to parents and children. I want to make a contribution to something I believe in, that makes a difference for society, that is for the better. It is such a satisfying job; I feel it is making a difference.

Meg had been county chairman for a governor's successful candidacy, so families tap her knowledge when lobbying at any political level.

Child Care Coordinator, Harold Mitler, who reports to Meg, is an expert at getting children to talk, to think, to wonder. He sets definite limits and rarely has a child test him more than once.

> The kids want to come. That's where I see myself doing it right. Most of the kids don't have a father at home; I spend my time being "dad." . . . It's a male thing; when I speak, I expect it to be done. I work with those out of control in the classroom. We go out, and we go to the library, or the shopping center, or Bush Barn [art gallery]. There they can tell me what's going on in their lives. When they do out of control things out there, they know we'll come right back.
>
> My job is to see that kids get along with each other, and get older kids to help teaching the little ones. It's a natural thing.

Elizabeth Ross, Health Coordinator, is at Family Head Start 80 percent of her time. This gives her one hour a day with her peers in the Marion County Public Health Department.

> We [at Family Head Start] have a lot to offer. If they need dental care, they can have it. We have the funds. It's wonderful, after years in Public Health, saying, "We'll try," but we never had anything for dental coverage. . . . It's an excellent position to be in, within the Public Health Department I have access to all the health records. I tell the parents, I'm here. You can call. I'll make home visits. I'm not a physician . . . but I can always seek help. I won't give advice off the cuff that the Public Health Department won't back me up on.

> Many come with things they don't know. It's amazing what they don't know about function of their own bodies. . . . I work a lot with the advocates, about things that are very confidential.

Finally, there is Dixie Dunlap, Acting Director. Dixie was one of the idealistic young people of the 1960s. She and her husband were VISTA volunteers. They went as a team to Stafford, Arizona, as community organizers, moving the rats out of a garage and moving themselves in.

> That experience, in working with people, enjoying it, and being pretty effective . . . was the beginning. There was the trust with community members and with us.

Dixie helped community people to establish a co-op nursery school. "We did it all with only community support." Now it is funded by Head Start and directed by one of the founding mothers--a woman with a sixth-grade education. Dixie and her husband went on to supervise VISTA volunteers on the Mountain Apache Reservation. Dixie came to Family Head Start, divorced, to work as Parent Trainer, leading parenting classes. She says, "I hadn't done parenting groups before; I was excited about what happened." Her VISTA experiences have left her with a commitment to parent participation and communication: "This is the whole idea: to work ourselves out of a job; that's what we can do here."

7.7.3 Supervision

All of the staff spoke of the supervision they received, and how much they appreciate it. In some cases it was this that distinguished Family Head Start from Children's Services Division, with which the staff are familiar, and other agencies. Flexibility is one part of supervision. Several staff members quoted the same saying. This is from Ray Hamilton, an advocate:

> We have good supervision and support, being what we are. A line from Peggy Sloan [Director until this year] and Nina Craig: "Everybody's good at something. A supervisor's job is to see what it is."

Eloise Drake, advocate, spoke about the differences that supervising makes:

> Both Welfare and Family Head Start have as goals the best interests of the family. Ours is a mental health program; theirs isn't. Ours is the belief that people can't give to their kids if they're empty themselves. The Children's Services Division's attitude can be "Parents must do it regardless."
>
> We're allowed to do that, to be flexible, and do it our own way. That's our supervising.

7.7.4 Isn't Anyone Unhappy?

Two staff members volunteered ideas on this. Amber Dawson, bus driver, commmented that she didn't think that "stuffy" people would last long at Family Head Start. Then she started to laugh: "They'd probably get positive feedback about being stuffy! 'You do that very well! You're being very consistent!'"

Those who do not like "welfare families" are not rehired. Adam Cross, center van driver, put it this way:

> If the staff doesn't like it here, they don't last. People are either positive or negative about their work. There's not much support here for the negative. "We'll help you work that out!" That's our way. That's Nina's way. There's Monday afternoon counseling. Go there.
>
> No one wants to quit; where else could one have conditions like this?

7.7.5 The Staff: Summary

CFRP services in Salem are available to every Head Start family. Every employee feels his or her contribution to be a large reason for wanting to keep the job. They treat each other and all the families with loving care. The services are professional in quality without the requirement that those giving the services have standardized backgrounds.

Because the advocate is the key to all the family's services, it is the family-advocate relationship that remains the key to the family's feelings about these services. In my interviews with my families' advocates, (note that none of my families had Ray Hamiltn as advocate), each one of them volunteered information about her life, saying this was what she brought to the job. In every case, the advocate had made radical changes in her own life.

This may be the common thread in their success. After racial riots some years ago in Detroit, many volunteers asked to come and help. A black community leader asked each volunteer one question: "Have you made a serious change in your life in the last twelve months? If you have not, you won't know how hard it is to change. If you have, you can help us."

I have not heard this generalization from anyone at Family Head Start. It may not have been a conscious choice in hiring advocates. Nina says, "They should be optimistic for the possibility of change." If this has not been a matter of conscious choice in hiring, it may nevertheless be a reason these advocates have stayed on the job and have been successful.

7.8 Child Development

Every page of this report illustrates child development in context. Nevertheless, a separate analysis may be helpful, to bring into focus Salem Family Head Start's way of pursuing this paramount goal of CFRP.

7.8.1 The Family Head Start Approach

Child development and family growth are dual keystones of the program. The aim is for parents to become fully capable child development specialists. While the family grows in this capability, the program and staff substitute for, supplement and reinforce the family's functions. Family Head Start acts as a family for children when the parental family cannot, and it acts as an extended family or little community for the family unit.

Child development activities are fully integrated with the rest of the program. Parents and staff can readily distinguish among educational and health services given directly to children, training in childrearing for parents, and other services to parents, such as personal counseling and advocacy. However, they see and experience these different activities as facets of one unified effort. Staff do not separate child development from other family concerns. Advocates do not segregate child development activities, by tone or manner of presentation, during home visits. They deal with developmental needs as they arise. If a parent is fully functioning in this area, advocates specify what they see the parent doing correctly and then feel free either to build on existing strengths or deal with other needs of the family.

This holistic approach is the hallmark of Family Head Start. It distinguishes the program from other organizations, such as the Juvenile Court and the Children's Services Division of the Welfare Department. I spoke with a child development specialist who travels around Oregon, teaching parents of blind children. She admired Family Head Start's approach and tried to emulate it in her own work, moving beyond narrow concentration on visual handicaps alone whenever she could.

7.8.2 Making the Approach Work: Staff Roles and Responsibilities

The Family Head Start approach is meant to ensure that someone is always conscious of, and working on, the child's total range of skills and needs. Children receive direct educational and other services, depending on the age of the child and his or her special needs. Infants and toddlers may be brought to the center, typically when their parents are participating in group activities. At the center, the three child care staff members work consciously on developmental skills every time they see the child, just as advocates do in home visits. For Head Start-aged children, child development is monitored and encouraged in the classroom, and through teacher home visits.

School-aged children are also served; however, the Bridging-to-School component is smaller than formerly, due to lack of funds and Welfare rules that require mothers whose youngest child is in school to work. There is no formal contact with six- to eight-year-olds if they are the youngest in the family. Each advocate welcomes and expects informal calls from the parents, and gives help freely, using other staff members as indicated. For six- to eight-year-olds with younger siblings in the program, nutritional and health information still is included, and a great deal of developmental information and support is given through advocate visits, child care, and family assessments. Children with special emotional and physical needs are served through Play Therapy and through classes for the handicapped.

Responsibilities for fostering child development are thus assigned to many parts of the team, and integrated by the advocate. Advocates work directly with children as well as with parents. Advocates are in constant communication with child care workers and other staff about each child's developmental status and needs.

Each advocate I observed has over 200 hours of child development training. Much of the training has taken place during employment at Family Head Start. (On-the-job training is seen by advocates and others on the staff as one of the benefits that make up for relatively modest pay.) In addition, some of the advocates and other specialists have formal training in child development and related fields, at college and graduate levels.

Though the advocates are well-trained, each depends on other staff members for particular expertise. The easy communication among staff members facilitates coordination of child development concerns and activities. For example, Jesse Laughton, the advocate for child development and handicapped, was asked to suggest Individualized Educational Plans (IEPs) to the child care staff, since several handicapped children are often in child care. Dixie (Acting Director) discussed the possibility that Harold, Child Care Coordinator, might visit the Head Start classrooms to exchange information about the children as they are known in both settings. Harold has begun to meet individually with mothers, telling them about the developmental skills he observed in their children. Improvement in teamwork has been the aim as well as the practice during the 1980-81 program year.

Coordination is also a key function of Monday morning staffing, which includes reports on every child in the program (four or five per week), so that no child is overlooked. Child care staff members can immediately, from memory, state the progress and development of each child in documentable detail. Advocate Michelle expressed her appreciation of this part of the team at one staffing, when the aspects of child development were being reviewed. The child care staff members rattled off the developmental list in unison. Michelle said, as everyone laughed at the chorus, "That really isn't funny. It's great. I really depend on you for that skill."

Other staff members and parents also provide continuity. A bus driver will announce that Meg's daughter has learned to walk, and she was the first staff member to see it. Both Jen's son and Sue's son are watched with pride by all the center staff as they progress in their speech development under Jesse's care. They all encourage the boys to speak, and praise the parents and sons for progress as it comes. Parents of a one-year-old told everyone at the center how she passed a sucker from mother to dad to herself, "one lick for each"; they knew when sharing was supposed to develop, and were "so tickled" to tell about this pattern that they had noticed.

Finally, in addition to the developmental work that is an integral part of the child's experience at the center, in classrooms, and of the advocates' home visits, staff members work intensively on parental childrearing skills in group meetings. Jesse, advocate for child development and the handicapped, worked from October to February, with families, modeling for parents and working with the children in small groups. One of the Infant-Toddler Specialists explained to the parents how they could apply what they saw. After February, when the Infant-Toddler Parent Group opened with parent-child interaction, Jesse was in charge of the developmental observations and practice, showing the parent what to expect. In her absence, one of the two infant-toddler advocates functioned the same way. Videotapes were made of children of all Head Start-CFRP ages in the fall. The pictures were taken in Jesse's infant area, in child care, and in Head Start classrooms. The pictures were shown in the parenting classes, and analyzed for each developmental characteristic.

7.8.3 Change in Children and Families

The goal of the program is to provide whatever range of developmental support the child lacks at home, while opening the way for parents to supply an increasing proportion of this support. Families range widely in the degree of support they require. At one extreme, where serious emotional problems have arisen, the child may need crisis help in Play Therapy. At the other extreme, where parents are functioning well enough to provide the leadership for the children's development, monthly monitoring by the advocates suffices.

Most families fall between these extremes, and almost all make progress while in the program. I have neither observed nor heard of families who have remained in the program a number of years without moving from the first extreme in at least some area. For those who change little, staff function as parents, assisting the children in development and growth. They know how important they have been for children of these families, and hope that the children will continue to find other nonfamilial support in the future. During this study, Spring, Sue, Jennie, Katy and Rita relied on the program to fill developmental needs of children at times when they, the parents, could not. At other times, all five of these mothers were able to direct and encourage their children's development independently. Lisa, now in her fourth program year, no longer is dependent on the program in this area, but uses the expertise of teachers and of the advocates each time she volunteers in the classroom or sees them on regular home visits. Meg has sought help for her sons, one in Head Start, one in a primary grade, since the end of the research period. She said, "I'm sure glad they were there when we needed them."

Each family is a specific example of services to children and of growth in parents' skills and insights in child development, tailored to the individual needs of families. Jen Porter, for instance, had major concerns about the health of her two-year-old son when she joined the program:

> He'd been sick, with nothing the doctors could do. In hot temperatures, over 65°, he'd pass out. I'd been frustrated since Jerry was born, not feeling I was doing anything. Maybe it hurt me, a mom and not taking good care of him. I didn't *know* him. It was scary.
>
> Jeannie came in April, for my interview. I'd never been able to tell anybody besides doctors how scared I was about him. Retarded? Damaged brain? I told Jeannie my fears. He turned his back on people, lived in a world of his own. I was afraid he was mentally wrong. He'd had those fevers. Was it meningitis? Epilepsy?
>
> In May, Jerry was still really bad physically. The doctors *just* reassured me. *She* gave me the chance to have him *tested*. She gave me *that*. He was tested at the center by the special teacher.
>
> In July we went to the chiropractor. It turns out Jerry had pinched a nerve in his back so that his "thermostat" wasn't working. He said Jerry was born like that. He worked with the nerves in his neck. He didn't like to do it . . . but the problem was so obvious.

The Family Head Start team helped Jen to understand and facilitate other aspects of her son's development at that same time. Jen listed everyone and how they helped. Advocate Jeannie, the speech therapist, Jesse, handicapped and infant-toddler development advocate, Nina and Theo, the group counselors, the leaders of the Single Parent Workshop, elder son Tom's Head Start teachers and bus drivers, and child care staff. Their timing and noncoercive approach were right for Jen, and the effects of her treatment of young Jerry and on the child's development were noticeable.

> It all ran together, me getting in Family Head Start. By the time he started with Jesse, he wasn't having fevers. [Before his chiropractic treatment], he'd have had very little response to Jesse or anyone. I had a real problem with discipline with Jerry. [I still get] butterflies in my stomach when he talks. I haven't gotten over that he can talk. I do have to discipline him.
>
> Jeannie, and Jesse too, helped me in accepting the problems I have with Jerry, and being able to make changes and follow through with them. I felt so helpless with him. If I hadn't made changes, he wouldn't have been able to make the changes he had.

Sue Olson's skills developed over several years in the program. These examples come from one six-week period of this study. Sue learned a lot about how to deal with her three-year-old, who was in Head Start. She learned about discipline--"sitting down on a chair for five minutes, not spanking"--from three meetings of parenting groups, with Sue actively discussing how it would fit in her case, and from a talk at Highland school on Head Start discipline. In conversations with her advocate and with me, she reported success in discipline from day to day, being pleased with the results, and she reported failure, talking out the alternatives and reasons for failure.

Sue learned about toilet training, a topic she brought up in toddler group. Jim was not making it inside to go to the bathroom; a neighbor reported it to her. Her question was, "How old should a child be before you expect him to always make it into the house? I don't want to discipline him unfairly if he's not supposed to be able to always make it.

At what age can I expect this?" Her advocate is not in this group, but the other two advocates and the facilitator dealt with the question right then, and the other mothers gave ideas too.

She learned about appropriate social development and how to separate child/adult concerns and responsibilities. She reported her pride to me and to Eloise when she didn't unload on the kids the last time her house windows were broken. In a Single Parent Workshop session, with her advocate as one of the leaders, they discussed not calling the young son "the man of the house," or expecting a daughter to OK a father returning to the home. That evening she called me, and told me these new ideas. "Just checking them out again. I called my girlfriend who can't come to that group, and I was telling her about it. That's going to be hard for me to do, but I can understand why. I was doing it wrong."

Finally, Sue learned to facilitate Jim's verbal development, through Jesse's weekly work with the two of them. I have observed Sue speaking to Jim in their home, and asking him to repeat, and praising him for saying things clearly, and adding, "It's so good to know what you mean, son." This is a regular part of their relationship with him, and seems to be second nature now, not put on for me, since she does it whether angry, preoccupied, or laughing and silly.

7.8.4 Further Reflections: A Conversation with Rose Marie Marsh and Dixie Dunlap

A conversation between Rose Marie Marsh, Early Childhood Coordinator for Head Start class teachers, and Dixie Dunlap, acting Family Head Start Director, illustrates one source of the rationale underlying Salem Family Head Start's developmental approach. Rose Marie said:

> I follow Madeline Hunter's analysis, which concludes that it is necessary to teach children of poor families at a different pace from that used for children or more well-to-do families. In any one lesson or learning experience for low income children, 5 percent of the material should be new, and 95 percent familiar, in contrast to 15 percent new and 85 percent familiar for children of average or higher-income families.

Dixie questioned this analysis, asking if the reason for the difference in teaching was a lack of educational resources in their home. Although this was part of the reason, Rose Marie said, the more important part was the poor child's *expectation* of personal failure. *Usually* the poor child had heard himself/herself called dummy, stupid, trouble, or dope as *the* primary characteristic. Therefore *success* is essential every single day in the classroom. Rose Marie observed that time spent in Head Start was often *the* bright spot in many children's day. "They have such *fun* learning. You can see it in every classroom." She wholeheartedly supports the CFRP purpose to develop a good parent-child relationship. She feels that, to the extent the parent learns to see the child's actions or presence as positive, the classroom teacher finds the child confident enough to learn at a rate more like that in a regular classroom.

Rose Marie's observations support the central thesis of "A Girl Named Trouble." Giving children a sense of their worth instead of sense of their guilt is significant in every area of child development, including the cognitive and social. This change from guilt to worth is seen to be essential for parents as well. Each mother in the ethnographic study who was new to the program repeatedly used the word "guilt", saying she felt guilty for a whole series of circumstances or events. Within one or two months, she no longer used this expression, and subsequently used fewer and fewer negative terms about her children.

This conversation points to the theoretical-practical link between child development and family growth. *Without* a holistic approach to total child's and total adult's needs, the self-fulfilling cycle of failure continues: "The Girl Named Trouble." *With* the holistic method, the new skills with child development are part of a totally new world for everyone in the home. These skills and qualities are spelled out in the Family Head Start Philosophy Statement, 1980-1981 The child takes small, successful, happy steps with the staff at the center, in the classroom, and at home. The parent does the same, and when parents and children are joined in this same supportive way in the home *without* the staff, Family Head Start calls it a success.

7.9 Distinguishing Characteristics

What is Salem Family Head Start? Everyone can tell you that the program has a predictable yearly round. The other things that are analyzed below are not labeled with terms that are commonly used in the center, although they refer to familiar aspects of the program. Some characteristics are known by both families and staff. Those aspects of the program known primarily or exclusively by the staff are so labeled. For the most part, evidence for this analysis is within the body of this report.

Adaptability. The program is adaptable to personalities of the staff and families, to changing family situations and needs. It is a training group for development and change. This training takes place both individually and in groups. To the staff, this is a matter of careful planning. They plan for flexibility in helping families by using teams of staff working together, by trading jobs, by utilizing counseling services, and by a policy of flexibility for staff and program. The staff methodically evaluates how the changes are happening, and watch for ways to help.

Values. This is a program with some specific values. Some are inflexible mandates. The rules are intolerant of abusing and endangering people. Some values are flexible. In many areas, there is a positive value of accepting many points of view. Accepting is a positive value. The staff value democratic ideals; consequently the staff teach skills "to work themselves out of a job." The staff is optimistic, and generally see the ideal male-female relationships as a 50-50 mutuality.

Technological and human support. This program is rich in all communication skills and equipment. Buses, vans and private cars are not only transportation but also communication devices. Everyone talks. They use phones, message-takers, newsletters, videotapes, and copiers. Class and center equipment is outstanding (one-way mirrors are another communication device). As all the comments from the staff show, communication is important and valued.

Continuity and trust. Family Head Start's holistic approach to providing child development and family support rests on a base of continuity and trust that sharply distinguishes the program from other agencies. The staff establish enduring personal relationships, on which families can rely. "They see that we are here, and ready for them; we are here when they need us." Even if a family has a new advocate, the family has many opportunities to know and trust all the advocates, and to keep in touch with former advocates. Welfare case workers, in contrast, change their caseloads often more than once a year.

Another contrast is the lack of force or compulsion, and the presence of mutual respect. Most advocates find that the first year is spent in trust-building between family adults and themselves. Families speak of taking a while to be able to believe that these advocates aren't just "more social workers" to hassle them. The contrast was evident during Spring's assessment, when the Welfare case worker in charge of respite foster care pressed Spring for very direct responses. "What would you like to change, Spring?" and later, "You have to do something about your budget." Spring was silent after each statement, and Nina quietly intervened, saying to Spring, first, "It's hard to do that. At day treatment you can work out what you would want to do differently, but in small steps." To the second, Nina responded that though the budget was a problem, it could be dealt with at a later time.

Rather than trying to force changes on families, the advocates try to work in rhythm with a family's growth. They use the term "readiness" for families, just as for children. Individual children's readiness is seen as different from, but connected with, family readiness. The staff observes great variation in the rate and timing of parental change. They may estimate that "This is a four-year-family," or "We only have to help when things get rough here" or "They will ask for help when they have times of growth." Each advocate and Nina, their supervisor, volunteered anecdotes about families who completely surprised them, growing faster than, or beyond, anything the staff expected. Since the staff can't always identify these families ahead of time, they utilize any openings that events or conversations present from each family that "they are having a time of growth."

This culture has A distinct boundary around it. Families come to know that this is not like other social agencies or schools. Inside the organization it is loving, warm, accepting. People allowed in are "lucky." Families recognize that the leaders have "class," power, and prestige, which they bring to the program, and with which they protect those inside.

The staff knows and talks about the love they have for each other. They say, "We love our families to death." The program is welcoming inside, but not with a fluid, in/out boundary which makes it available to transient people. It is not a crisis center to outsiders. It does not discriminate against working mothers. It discriminates for those who can participate enough to grow. Assessments begin late enough in the fall so that staff and new families are acquainted. Families not interested in relatively high participation tend to drop from the program before they really enter. Once a family is in the program, every effort is made to continue services if a parent begins to work. The staff finds that evening meetings are not very successful. Both children and parents are very tired.

The staff knows that those insiders are "lucky"; they speak of wanting to "pick them up" and move them from wherever their problem lies; wanting them to take advantage of their program; wanting to start the parent at a time when the parent is "ready." The staff knows this is a program with "class" and "privilege." The Head Start classroom program is led by the best early childhood specialist in the area, according to the school district. The teachers are professionals. The leadership of the program is predominantly middle-class. Nina spoke of the range of economic backgrounds in the staff with pleasure, but said that the dominance of middle-class values has two advantages. First, this is the goal of most of the families. Second, this is where the power in the community lies.

In addition, the staff know the reality of the inside/outside boundary in everyday work. They all would prefer to work inside rather than outside. They are cared for, they can do their work, which they find personally very significant, and they are supported and praised for putting the families in the program first. They are well supervised.

There is a balance of mind and emotion. This is not a program of mind alone. Feelings are accepted. "We use and learn from our feelings." It is not a program of emotions alone. "We did the best we could with what we knew." "Know yourself; know your child; know each other." Parents say, "I learned so much." "I became aware." "I'm best at being a mother, and everything I know I learned at Family Head Start."

The staff uses emotion to clear the way for new ideas and insights. Humor is everywhere. This is not a "feely-touchy" emotional emphasis, but an acceptance of whatever feelings come with human life.

The staff members not only teach, but are aware of the amount of learning they receive from the families and from each other. They talk, listen, and try to understand. The balance between mind and emotion is noted in many settings. A family may seem to be getting ideas "only in the head," and a staff member may wonder how to touch the feelings as well.

Two final characteristics of the program--power is shared between families and staff and Family Head Start fits with the community--will be analyzed in the final section of this report.

7.10 Past, Present and Future

Children develop, families develop and change and so do programs and organizations. Salem Family Head Start has had Dixie Dunlap as its new Director this year. Next year there will be a new Family Services Director in place of Nina Craig.

7.10.1 Past and present

Other changes have marked its history. Head Start itself seems to have changed rules and policies through the years. CFRP brought other changes, including, in Salem, the merger of the two programs. The local program has also adjusted its focus to match a succession of evaluation study requests. The handicapped grants brought new opportunities to bring new resources to all the program families, and further changes. Some changes have come as a result of new uses of the staff's skills, of their growth into new capabilities, and of new people coming to the staff.

With the approval of CAP, the funded CSA agency, Family Head Start functioned efficiently and almost autonomously. Its founding director, Peggy Sloan, was a leader through whose office all materials flowed, who maintained strong political and community ties and support. School, community and professional groups have testified to the quality of the Salem Family Head Start program under her leadership. Nina Craig, Family Services Director since the beginning of CFRP, worked with Peggy Sloan to balance the center team. Nina has softened the impact of bureaucratic demands, finding ways to serve families "no matter what." Nina spoke of her agreement with Peggy on this point, "We believed that bureaucratic structure shouldn't keep the staff from responding when the needs were there."

Dixie Dunlap, now Acting Director, is developing her own style of leadership. Drawing on her experience as a community organization for VISTA, she is once again "working herself out of a job" by seeking and finding ways to share decision-making with parents.

Last year, at Director Peggy's request, she trained parents who were in Policy Council. This year she has given the Policy Council further preparation time each month, so that they now formulate their own recommendations and she acts more as their technical advisor.

> I'm not afraid about that. They can make good decisions. It's a new style . . . it evolved out of the feeling of being uninformed, and being asked to approve of what they didn't know anything about. . . . (Interested members come the week before, knowing the agenda, discuss and learn about the matters at hand, presenting it to the Policy Council themselves, with their own recommendation. . .) Policy Council goes real smoothly, giving time for training. We never had time before, but they always wanted it.

> As program manager here I'm giving away the budget too! I organize things so other people are as informed as possible [and so they] have some authority. In terms of budget with the staff, I'm giving supervision; we're more creative as a group. . . . I have been doing the same thing all along, from Arizona to here!

Dixie is a highly skilled group leader, as I observed in the Single Parent Workshop. This skill is also part of her new style of leadership.

7.10.2 Vision

Representatives of all segments of the Family Head Start staff had a retreat this spring to think about their common purposes, and how these might fit with head Start's goals and guidelines. Dixie described the background of the retreat.

> In order to operate an effective program, you have to have a dream, or vision. Since I was new here, this could be a renewing experience. The program has been going for a long time. The staff has been here for a long time. We feel confident in what we are doing.

> We can talk about what ideal program we might like, with long-term effects for low-income children and their families. We can risk throwing out program standards long enough to see what our values are. Then fit the Performance Standards into them.

Dixie asked a consultant she knew to guide the retreat. There was some specific ground rules. 1) You can't say "can't," in the sense of "We can't because of mandates" or "We can't because of money." 2) This is the vision of what is an ideal--what we'd like to do. 3) No federal terminology.

Key words were found by brainstorming in small groups. One group put these words into a circle diagram, that became the working drawing as they dreamed (see Figure 7.4).

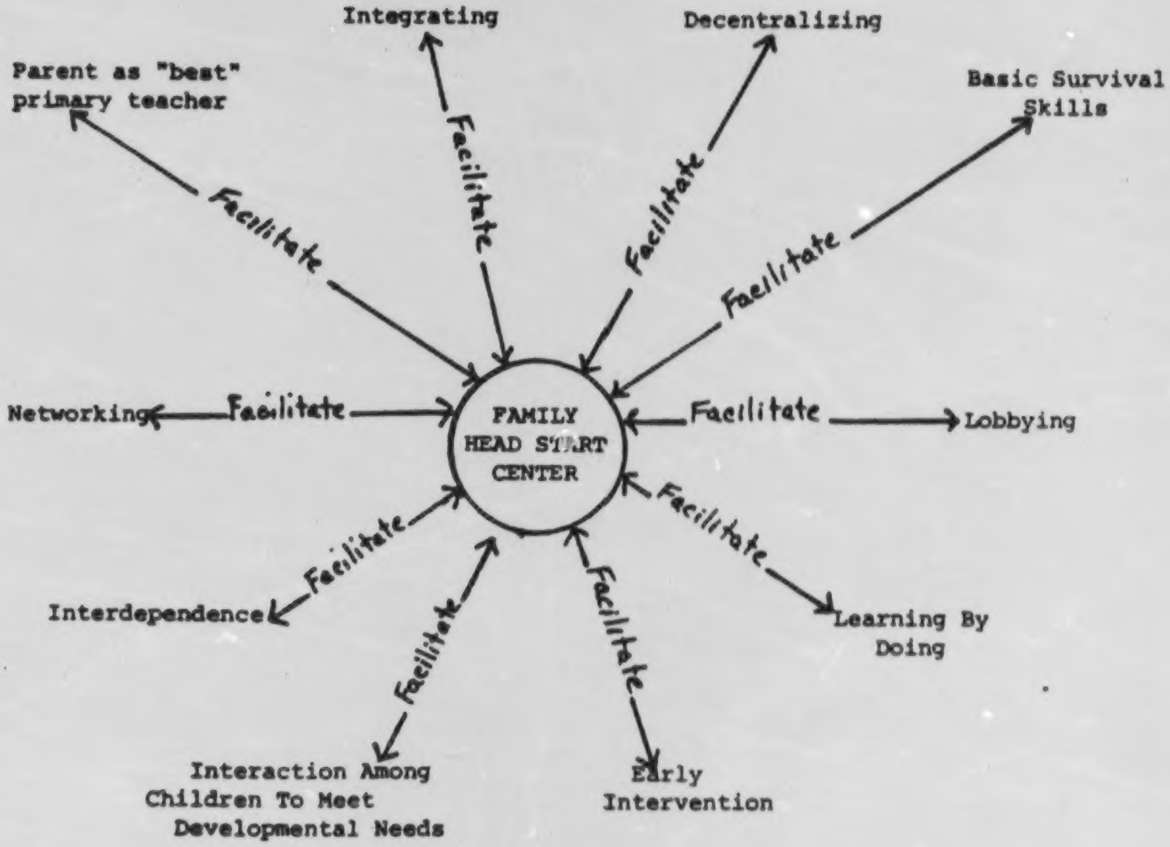
As she told me about his, Dixie drew lines with her fingers, outward from the center where the Family Head Start name is printed. She was telling me the dream was to integrate the program into the community. If, for instance, a STEP parenting class was offered in a community school, Family Head Start could encourage families in that neighborhood to take the class there. The staff could assure quality by co-leading parenting classes out there! Then Dixie began to show, with fingers gesturing inward, the direction the Program has had, bringing the families into the center.

Now as two-ended arrows indicated, the staff dreams of balance between the warm, inner, accepting experience, and the shared out-in-the-community strength that a family can have if a program takes them out to their own neighborhood.

Earlier in this section I listed, but did not discuss, two characteristics of Family Head Start: (1) power is shared between family and staff; and (2) Family Head Start fits with the community. Both change in character as families and staff move into the community.

Figure 7.4

SALEM FAMILY HEAD START
"VISION"


Integrating
Decentralizing
Parent as "best" primary teacher
Basic Survival Skills
Facilitate
Networking
FAMILY HEAD START CENTER
Lobbying
Interdependence
Learning By Doing
Interaction Among Children To Meet Developmental Needs
Early Intervention

"..... and don't lose sight of quality..."

As I began my study in October, I noticed an almost fortress-like quality in the safety of the Family Head Start Center. As the study ends, the drawbridge is lowered with a new vision that the staff and families are beginning to implement. Their plan will include their own pattern of evaluation. They want to develop their own criteria for the evaluation, and their own team to evaluate.

They call the whole processs The Path With a Heart.

8.0 COMMONALITIES AND DIFFERENCES

Searching the five site reports in the previous chapters for generalizations about the CFRP experience, one quickly concludes that all generalizations are treacherous. Almost any plausible claim is true for some family at some site at some time--and is false for other families, locales and occasions: CFRP transforms the lives of parents and children; CFRP fails to affect people's lives in any significant way. CFRP elicits dedicated, vigorous, prolonged participation on the part of low-income families; CFRP fails to draw families into its activities and helping network. CFRP's primary function is assistance in economic and personal crises; CFRP's primary functions are parent education and stimulation of children's development. The list of antinomies goes on and on.

And yet the five case studies are more than a collection of individual stories. There are common themes, common goals and hopes, common challenges and obstacles. All of the CFRPs are trying, with varying degrees of success, to strengthen families and promote child development. All are coping with at least some families who are seriously demoralized, impoverished, often plagued by health problems, alcoholism, drug abuse or domestic violence. All are blessed with some talented and hardworking staff, and with some families that are remarkably resilient and receptive to CFRP's "message," despite poverty and its attendant problems. All are operating within tight constraints of money, time and human energy; therefore all have to make hard choices about how and where these irreplaceable resources will be spent.

The programs also have structural and functional features in common. Some of these commonalities were built into the program's guidelines; others have evolved in response to the common needs of low-income families with young children. All of the CFRPs have ties, of varying strength, to local Head Start programs and to other social service agencies. All employ family workers who are the principal links between families and CFRP. All employ specialists in fields such as infant-toddler development. All attempt to individualize services by conducting needs assessments and setting goals in

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accord with each family's needs and strengths. All offer support services to families through a combination of referrals and direct service provision. All provide parent education and other activities designed to foster child development, through a mix of home visits and center sessions.

This chapter and the next attempt to synthesize what we have learned about CFRP from the close-up look provided by our ethnographers. Given the difficulty of the task, we have approached it in two quite different ways, hoping to gain and convey different kinds of insights from each. In the present chapter we focus on the structural and functional features that all CFRPs share, identifying similarities across the five programs in the ethnographic study, and discussing variations that have evolved at the five sites. Topics covered include: the institutional context--links to Head Start and other service agencies (Section 8.1); staff roles, qualifications, training and supervision (Section 8.2); individualization of services--needs assessment and goal setting (Section 8.3); program services, with emphasis on family support and social services (Section 8.4); home visits (Section 8.5) and center sessions (Section 8.6), with emphasis in these two sections on child development and on the balance between child development and other services. The final section of the chapter discusses perceived benefits to families.

In the next chapter we take a different approach, focusing on choices that programs must make in attempting to deliver a broad range of services with finite resources. Our intent is to show how the particular choices made by each program, in response to local circumstances, give each CFRP its unique character. Another purpose is to highlight, for Head Start's national managers and for others interested in drawing practical lessons from the CFRP experience, some of the decisions that must be faced in designing any family-based child development program.

Topics covered in the present chapter are similar to those addressed in the earlier program study report.* However, the perspective here is different. The program study was based primarily on interviews with directors and other program staff, conducted during relatively brief site visits by

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*Johnson, L. Phase III Program Study Report, November 1980.

Cambridge-based researchers from Abt Associates. The ethnographic study, as described in Chapter 2, was based on detailed observations and interviews, primarily with families, conducted by local ethnographers over a six-month period. The data base for the ethnographic study is a much richer one, and it portrays the program as seen from the bottom up, rather than from the top down.

In fact, the pictures that emerge from the two perspectives are remarkably similar. By and large we did not uncover major discrepancies between the views of program staff and those of families. If the information presented here strikes the reader who is familiar with both reports as somewhat redundant, it is--but in a positive sense. The ethnographic study has in effect validated and enriched the information gleaned from the program study, and the agreement between the two is testimony to the candor of the staff who provided information for the program study, as well as to their familiarity with the perspectives of the families they serve.

Before turning to a discussion of the structural and functional features of the five CFRPs, it will be useful to review the characteristics of the population served in each site. The demographic composition of each local community provides the context within which the program operates; at the same time, the program's policies have an effect on the population to be served.

CFRP has a mandate to serve low-income families with children from the prenatal period up to age eight. Program records and observations in the ethnographic study and other portions of the evaluation show clearly that this mandate is being met. Programs tend to concentrate their resources on younger children, perhaps because the evaluation has focused on children below age three. Several programs have made special efforts to recruit families with infants and toddlers--the "Abt families" mentioned in Chapter 2 and in at least one of the site reports. All of the programs also serve families with children of Head Start age (three to five) and of school age, although there is considerable variability, discussed in later sections, in the intensity of services offered to families after their children enter Head

Start. Within these broad parameters of income and age, both of which are set by the CFRP guidelines, populations served by different programs vary widely.

In Jackson the CFRP population is relatively heterogeneous. Jackson tries to serve as many families as possible, even at the risk of diluting program services. By special arrangement with ACYF, it is authorized to serve 225 families, many more than the other programs do. The program enrolls substantial numbers of both white and black families, although staff report some difficulty recently in retaining black families. Many of the families are "new poor" two-parent families in which the husband has recently lost his job, in most cases because of the recession in the auto industry. Fathers, however, are rarely active in the program. Few of the mothers in these families work. Jackson's CFRP also enrolls many single-parent families, including some teenage mothers, most of whom live with their parents. Some families have ties to their extended families or to churches or other support organizations and networks; these families are relatively independent of CFRP, whereas those without such supports depend more heavily on the program.

In Salem, the CFRP population is almost entirely white. Most of the Salem families are headed by single women: "mothers and children with no male breadwinner." In contrast to Jackson, Salem enrolls only families for whom it can provide a full complement of services, and who are willing to make a commitment to the program. Relatively few of the mothers work. (Salem does not, however, confine itself to "easy" cases; it conducts an extensive outreach process and enrolls many families in serious difficulty.)

In Oklahoma City a majority of families are black, although in some families one or both parents are white, Hispanic or Native American. Single-parent families predominate here also, but many are working mothers. Some are from Oklahoma City proper, while others are from small, semi-rural communities surrounding the city.

In St. Petersburg almost all of the families served are black. Most live in a fairly small area surrounding the CFRP Center, an enclave of black poverty in the midst of white affluence. Many of the mothers are single and many are working. Again, where husbands are present they rarely participate in the program. Many mothers in St. Petersburg have close ties to their extended families. The program attempts to work with and through the extended family when possible.

In Las Vegas the CFRP population is divided into two distinct groups. The larger group consists of black mothers, most of them single and many of them teenagers. Many of the black mothers work at least sporadically, and many of the teenagers are in school. The smaller group consists of Hispanic mothers, some of whom live with their husbands and do not work, and a few of whom are single and live with relatives. The Hispanic group faces special problems created by the language barrier and all Hispanic families are served by one bilingual family worker.

8.1 Institutional Context and Organizational Structure

CFRP, as a Head Start demonstration program, was designed to have close linkages with Head Start proper. Such linkages are implicit in the program's Guidelines; Head Start is one of three major program activities to be offered to families enrolled in CFRP. In addition, CFRP was expected to develop linkages to other social service agencies in the community. Through both types of integration and coordination, CFRP was intended to provide continuity in serving children during the major stages of their early development. While the existence of such linkages is a universal feature of CFRP and one that distinguishes it from other programs, there is considerable variability across programs in the strength of the linkages. Where linkages are strong, CFRP's effectiveness is enhanced; where they are weak, programs encounter obstacles and expenditures of time and energy that could potentially be avoided.

8.1.1 Head Start and CFRP

The nature of the relationship between Head Start and CFRP varies from site to site, as does the degree to which the two programs are integrated.

At one extreme is Oklahoma City, where Head Start and CFRP until recently operated as virtually independent programs, largely because each was under the aegis of a different delegate agency. Coordination between the two programs has been a monumental task, particularly because the 11 Head Start centers in Oklahoma City and surrounding communities are operated not by one but by several different delegate agencies. Some integration occurs at only one of the centers, located in rural Spencer where the two programs share offices.

At the other extreme are two sites where Head Start and CFRP are fully integrated. In Salem's Family Head Start, there is no distinction between the two programs at all. Families who enroll receive the full complement of comprehensive services mandated in the Guidelines, including Head Start classes for preschoolers. The Jackson Family Development Program also fully integrates Head Start and CFRP. This site differs from Salem, however, in that it gives parents various options to choose from. Families can enroll in a Family Development Unit (FDU) and receive the broad range of services typically associated with CFRP, or they may elect to participate in Head Start only, either through a center- or a home-based program. In Salem, enrollment in Head Start automatically entails enrollment in CFRP, since the two programs are one.

Between the two extremes are the Las Vegas and St. Petersburg programs, where CFRP and Head Start are integrated to a lesser degree. The organizational model adopted in these two sites is one whereby CFRP is administered as a component of Head Start. Head Start provides leadership for both programs, resulting in a shared philosophy about working with families and their children. Both programs maintain their own staffs, however, and operate to a large extent as separate entities.

One of the benefits of the integrated model found in Jackson and Salem is that it facilitates smooth transition from one developmental stage to the next and continuity of services provided to the family. This is accomplished through frequent and regular communications among staff serving different groups of children and their families. Staff teams, often involving

Head Start classroom teachers, family workers, and counselors, meet weekly at both sites to coordinate activities and action. Such coordination is particularly important for families involved in more than one of CFRP's three components, for example, with an infant or toddler, a preschooler, and a child enrolled in school.

In the other three sites, there appears to be somewhat less continuity of services to families and children as they move through different stages of the child's development. As is illustrated in the Las Vegas case study, families graduate from CFRP's infant-toddler component when the youngest child reaches Head Start age and enters a different program. Most parent education is turned over to Head Start for families with three- to five-year-olds. There is some collaboration initially between the CFRP family worker and the Head Start teacher, usually in the form of consultations and sharing of records. Once the child enters Head Start, however, communications between the two staffs appear to occur irregularly. CFRP comes into the picture again when the child graduates from Head Start, the family worker follows up on the child until age eight--activities which are part of the school linkage component.

As in Las Vegas, some staffing changes take place at the time one of the children in a family enters Head Start in the Jackson and Salem programs. Both sites have introduced some degree of specialization of family workers, with one group working only with families of infants and toddlers and another group concentrating on families with older children. The key difference between Las Vegas and the two integrated sites is the "team approach" toward working with families and regular communications among staff which are an integral part of these programs.

The transition from CFRP's infant-toddler component to Head Start is dealt with somewhat differently in Oklahoma City and St. Petersburg. Here continuity is maintained by the CFRP family worker, who continues to visit families as they move through Head Start and enter public school. What these sites lack, however, is a formal mechanism for coordinating program activities and services offered by CFRP and Head Start staff.

The site case studies suggest that in addition to continuity of services, there is another major benefit that goes hand in hand with integration between CFRP and Head Start--a richness of staff resources. Salem Family Head Start, for example, has a core staff of at least 10 people who provide specialized services to families and children. Among them are coordinators for education, health, supportive services, family services, and child care, as well as consultants or specialists concerned with parent training, handicaps, nutrition, and mental health. Their expertise is drawn on as needs arise. The Jackson Family Development Program has a similarly broad array of staff resources to serve program participants.

The other three programs by comparison are relatively poor in staff resources. CFRP's staff in Las Vegas is much smaller than in Jackson or Salem, consisting only of a coordinator, an Infant-Toddler Specialist (whose position was vacant for most of the six-month study), five family workers, and a secretary. Oklahoma City and St. Petersburg staffing patterns are somewhat similar. An illustration of the way in which resources are strained when coordination with Head Start is less than optimal appears in the Oklahoma City site report. Periodic health screenings of children had been done by a licensed practical nurse in the past; upon cancellation of the LPN's contract and denial of a request to hire a health coordinator, responsibility for the health screenings was assigned to the CFRP family workers, pre-empting regular program activities for two months. This does not mean, however, that no resources are shared between Head Start and CFRP in these three programs. For example, there is a nurse on CFRP's staff in St. Petersburg with responsibility for meeting the health needs of both CFRP and Head Start children. The Infant-Toddler Specialist, in addition to helping and advising home visitors in carrying out CFRP's formal infant-toddler program, has responsibilities for operation of Head Start classes. There undoubtedly are other examples of shared resources between the two programs, with CFRP staff seeking advice or help from Head Start specialists (although the case studies were not illustrative in this respect). The pooling of resources may simply be less visible in these sites; nevertheless, the impression remains that where CFRP and Head Start are closely integrated, families can draw on a wider range of human resources on the staff.

8.1.2 CFRP and Community Linkages

In addition to coordinating Head Start and CFRP services, the demonstration programs were mandated to establish and maintain an integrated network of linkages to community agencies. The intent was to give families one place where they can turn for help with a variety of problems and to reduce fragmentation of community services. A study of CFRP network development* showed that these linkages are extensive in every site and go beyond the formal and informal resource and referral systems normally used by Head Start. CFRP serves a brokerage function between families and the rest of the social service system, putting families in touch with appropriate agencies and helping them acquire services. As indicated in Section 8.4, provision of social services is a strength of every site studied.

The ethnographic study illustrated that CFRP efforts go beyond simple referrals for single services. Staff marshal services from multiple agencies and try to work out comprehensive approaches to the families' problems rather than relying on piecemeal responses. The staffings in Salem and St. Petersburg (described in Section 8.3), where representatives of several local agencies meet to work out a plan for each family, are good examples of the comprehensive approach at work.

The variation in richness of staff resources discussed in the preceeding section affects the strategies that the programs use to provide social services to families. Resource-rich programs are able to provide more direct social services than are resource-poor programs, which must rely almost entirely on referrals to social service agencies to meet the needs of CFRP families. To some extent referrals to other agencies in resource-poor programs may substitute for direct provision of services in programs with more specialists on staff. However, the case studies suggest that, on balance, resource-rich programs may be more effective, overall, in meeting social service needs of families than the other programs. These programs have the staff time and expertise needed to establish and maintain linkages with social service agencies, make referrals, and do follow-up work. In Jackson, for example, this effort is coordinated by a Director of Supportive and Social Services, with a staff of six specialists responsible for health services, nutrition, social services, special needs, mental health, and supportive services. Salem's staff, described above, includes a similar array of specialists.

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*Johnson, L. Phase III Program Study Report, Abt Associates Inc., 1980.

In contrast, the Las Vegas and Oklahoma City programs assign primary responsibility for network development and referrals to individual family workers, with varying amounts of support provided by supervisory staff or specialists. Because of the many and varied duties of the family workers, considerably less staff time and expertise are applied to creating an effective system of linkages than is possible in Salem or Jackson. The situation is somewhat different in St. Petersburg. As noted earlier, formal ties have been established in this site with several social service agencies in the community who assist in the assessment of family needs and in acquiring appropriate services. It is up to individual family workers, however, to make referrals and follow-up. The types of referrals made and staff roles in the referral process are addressed more extensively in Section 8.4 on Program Services.

8.2 Staff Roles, Qualifications, Training and Supervision

CFRP family workers, in most programs called "family advocates" or "home visitors," are the backbone of the program at all sites. They are the key to all the family's services. To some families these staff are the program, particularly for those who do not venture out of their homes to participate in center activities offered by CFRP.

Family workers wear many hats and have varied and complex responsibilities. They are expected to identify child and family needs--sometimes through the subtlest clues, find services to meet those needs, and often help parents to find their way through bureaucratic red tape. They are supposed to be parent educators, helping parents to strengthen their role as primary educators of their own children, with the ultimate goal of enhancing the overall development of children. They provide emergency aid, sensitive counseling, job assistance, health information, and a host of other supportive services. They ferry families to appointments, and in some sites organize center activities for parents and children as well. As one family worker in St. Petersburg aptly put it, they are "supposed to be everything to everybody, any place, and any time."

The responsibilities of the family worker are potentially overwhelming.* They raise important questions about how staff should be recruited, trained, supervised and supported. How much weight should be put on professional credentials? How much on personal characteristics and common background with CFRP mothers? How much training is needed, and what kind? How much supervision is needed, and what kind? Are more training and supervision required when programs recruit paraprofessionals rather than credentialled professionals? The case studies suggest that programs de-emphasize credentials but provide training that is variable in quantity and quality and provide, in most cases, little supervision. On balance, it appears that training, and, especially, supervision must be strenghthened in order to increase the effectiveness of family workers.

8.2.1 Qualifications and Backgrounds of Family Workers

In many respects programs agree on the mix of skills and personal characteristics they seek in their family workers. There appears to be general agreement that personal and affective characteristics--sensitivity, maturity, compatability of background with the families served--are of primary importance. The ability to build relationships of trust and support with families served is viewed as the key to effective service delivery.

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*Jackson has developed a unique solution to the problems posed by the broad responsibilities of the family worker. Jackson assigns two specialized workers to each family. A Home Parent Teacher is responsible for working with the parent and child on issues related to parenting skills and child development, and a Family Life Educator focuses more broadly on family needs. But, in part because of the high caseloads in Jackson, even this organization has not fully solved the problem; family workers are still spread thin.

Many staff have children of their own, and they often share memories of pregnancy and their early years of parenting with program participants. Almost all of the family workers in Las Vegas, for example, were teenagers when their first child was born and bring special understanding and empathy to the mostly teenage population this program serves.

Professional credentials are considered to be of secondary importance in most of the five sites. Family worker recruiting efforts are guided by the philosophy that a college degree does not necessarily qualify an applicant for a staff position but that personal and job-related experience are just as important as formal training. Programs feel that staff who have demonstrated their competence in practical ways are often more readily accepted and in the long run can be more effective at the grass-roots level than people with a theoretical background but little or no experience with the problems they'll be facing on the job. As the CFRP director in Las Vegas commented, the ideal is to hire family workers with both informal and formal training, the latter giving the individual technique and a greater objectivity in their dealings with people.

Despite agreement on the principle that formal education is a secondary consideration, the sites vary in the level of education actually observed among their family workers. In St. Petersburg two of the four family workers have college degrees; the other two have completed three years of college training. (It is not clear, however, how much formal training family workers had received when they joined the program; all have been home visitors for at least four years.) Salem has several family workers with college degrees, as does Jackson, although there are fewer in the latter site. Oklahoma City and Las Vegas have the fewest credentialed staff. Almost all staff at these sites are high school graduates with some additional college credits. These variations may be due to differences in recruitment policies, or to differences in availability of degreed job candidates across sites, or both.

Whether degreed or not, family workers represent a mix of backgrounds. Some have received their training or had job-related experience in early childhood or elementary education. Many of Jackson's HPTs, responsible for delivering parent education in the home, have BAs or two-year associate degrees in related fields. Others bring to their jobs expertise in sociology, nursing, juvenile services, counseling, or social services. None of the programs have chosen one specific discipline as a prerequisite for family worker positions, but have accepted family workers with a variety of backgrounds. Resources are pooled, with each family worker depending to some extent on other staff members for particular expertise. This is particularly common in Jackson, Oklahoma City, and Salem, but occurs to a lesser extent in the other two sites as well. St. Petersburg uses a system of "resident experts" whereby each family worker is assigned responsibility to research a particular topic area, such as health, prenatal care, nutrition, child safety, or child abuse.

With the exception of St. Petersburg, programs pursue a policy of offering jobs and upward mobility to at least a few mothers who participated in Head Start or CFRP. Four of Las Vegas' home visitors first became involved with CFRP because their own children were in CFRP, Head Start or the grantee's day care program. For some mothers, the career path is long and complex. One of the advocates in Salem, a former welfare mother, worked her way up from classroom volunteer, class aide when her youngest child entered Head Start, social service aide, social service coordinator for Head Start with a caseload of over one hundred, to CFRP family worker. Opportunities for upward mobility thus are also provided for staff.

8.2.2 Training and Supervision of Family Workers

All family workers, regardless of academic credentials or previous experience, are required to complete the same pre- and in-service training. In Jackson, a new family worker goes through a brief initial training period. The supervisor shows her the kinds of records she must keep and gives a general orientation to the program. The new staff member is assigned to an experienced worker who takes the novice on home visits to observe. The FLE also observes the entire assessment process with an experienced FLE before she does any assessments on her own. Las Vegas' two-week pre-service training period is similar, although less emphasis is placed on gaining experience through observation. Their in-service training includes films and slides on early childhood.

The amount of in-service training provided to family workers varies considerably across the five sites. In Jackson, 20 percent of staff time is spent in training--every Monday is a training day. In addition staff are encouraged to continue taking classes or college courses on issues confronting them in their work. St. Petersburg holds a week-long in-service training program for Head Start and CFRP staff at the beginning of the school year, followed by day-long sessions every four months. As in most other programs, staff attend relevant educational seminars, lectures and workshops offered in the community.

In-service training in Oklahoma City is being conducted mostly on an informal basis, using weekly staff meetings to share information with family workers or give them advice. Occasionally, training sessions are planned on special topics or staff attend CAP training activities. A more formalized in-service training program is currently in the planning stages.

A wide range of topics are addressed in in-service training sessions in the five sites, such as early childhood education, social networking, caseload management and skills, family therapy, child abuse and neglect, nutrition, health screenings, and community resources. While this array of topics is impressive, it is difficult to assess from the five case studies what topics receive the most emphasis. Similarly, because the study focused on families rather than staff, the reports do not convey any information about the quality of the training sessions, nor the extent to which they meet specific family worker training needs. In one site, for example, while training had been provided, home visitors stated they needed more.

In general, strengths and weaknesses of family workers are not assessed through direct observation of their work. Some family worker supervisors simply believe that this kind of work cannot be supervised by "standing over" the workers. The method of supervision used most frequently is review of records and progress notes on individual families. Las Vegas' supervisory system is somewhat more formalized--family workers have their plans approved prior to a home visit and then submit their report on a completed visit to their supervisor for review. In addition, each family worker meets every other week with her supervisor to review caseloads, update information on individual families, and discuss various concerns. Supervision is much more informal in Salem, where staff are in frequent communication with each other about each of the families and children.

Supervisory staff do provide support to their family workers in other ways. They are available for consultations when family workers are experiencing problems or are uncertain about how to handle particular family situations, for example, a family in which the children seem depressed or otherwise disturbed but show no apparent signs of neglect or abuse. Occasionally, supervisory staff accompany family workers on a home visit to provide assistance with particularly difficult problems.

8.2.3 Other Staff: Composition and Qualifications

Some across-site variation is found in the composition of the total program staff, as became evident from earlier discussions. Salem and Jackson, with their multi-disciplinary teams of staff, are the only two sites where both the child development and social service aspects of CFRP are directed and supervised by professionals with appropriate credentials. In Jackson, for example, the FLE Supervisor received her training in social service delivery, while the HPT Supervisor has a B.A. in Elementary Education. Salem uses its specialists in a somewhat different fashion, partly because there is only one family worker, rather than a team of two who are assigned to work with families. Specialists as a team provide family workers with assistance and support on a regular basis.

The core staff of the other sites is much less multi-disciplinary. Child development appears to be the main emphasis in St. Petersburg; both the CFRP Coordinator and Infant-Toddler Specialist received their training in this field. Both these staff members have responsibilities outside CFRP, however, leaving the family workers to do much of their own planning and research. Aside from the Health Coordinator, there is no one on the staff solely concerned with the delivery of social services.

In contrast, Las Vegas and Oklahoma City are much more oriented to social services. Oklahoma's Director has a degree in social work, while Las Vegas' Head Start/CFRP Director is a public administrator. Family Worker Supervisors in both sites came up through the ranks and have considerable expertise in social service delivery. Child development concerns appear to receive somewhat less emphasis in these two sites: The Infant-Toddler Specialist position in Las Vegas was vacant for most of the six-month study. Oklahoma's Infant-Toddler Specialist, with an Associate Degree in Early Childhood Education, devotes most of her time to organizing group sessions for parents and children, rather than working closely with family workers to assist them in carrying out child development activities in the home.

8.3 Individualization: Needs Assessment and Goal-Setting

Individualization of services through needs assessment is a cornerstone of CFRP, and it is clear that individualization of services is accomplished in every site. What is not clear is that it is always accomplished through the formal needs assessment procedures, which vary widely from site to site. There are, for example, instances of a lack of staff commitment to the formal procedure; in other cases, the assessment procedures seem somewhat pro forma. Yet even where the formal procedure is less effective than it might be, individualization of services does occur through the efforts of the family workers, who appear uniformly committed to getting families the services they need. And for many families, the setting of goals--the most visible part of needs assessment--is of great help in giving them a feeling of progress.

There is general agreement across sites about the theory of individualization in CFRP. Needs assessment is seen as the key to individualization--the means by which services are tailored to families. According to the FLE Supervisor in Jackson, "Assessment is the heart of CFRP." Staff members see this as a special feature of CFRP. One family worker said, "Other agencies don't always understand that you can't force a plan on people. . . . CFRP always works from the perspective of the family." And parents agree: "They asked me what I wanted." Assessment was also seen as central by the authors of the Guidelines, who required that assessments be conducted by an interdisciplinary team with expertise relevant to a wide range of family needs.

Despite this agreement in theory, there is wide variation in practice across sites, in the conduct of both initial assessments and reassessments. Jackson has an elaborate initial assessment procedure, in which FLEs gather information and fill out forms during their first home visits. The process is a gradual one that may take as long as six months, leading at least one mother to conclude that her HPT's job was "to help with the kids" and her FLE's job was "to handle the paperwork." From the FLE's point of view, of course, it was all this information-gathering that enabled her to assess the family's needs. The subsequent setting of goals, done by the family and FLE together, seems to be what parents perceive as assessment.

In St. Petersburg, as in Jackson, initial assessments are conducted in the home by individual family workers. It is a comprehensive interview--in fact, one family worker commented that it sometimes makes her feel intrusive. (In Jackson, this same issue was cited as one reason for the extended assessment process.)

In both Las Vegas and Oklahoma City, the initial assessment is a team interview either at the center or in the home. In Las Vegas, for example, the family worker, the Home Visitor Supervisor and the Infant-Toddler Specialist participate. A form called the Family Service Plan is used to guide the interview. In this initial assessment, parents' goals usually relate to basic needs.

In Jackson and Las Vegas, reassessments are conducted by individual family workers, usually in the family's home. Jackson's FLEs review old goals and help families to set new goals; HPTs conduct child assessments using the Portage Guide, a list of developmental skills and activities appropriate to children of various ages. Ideally, FLEs and HPTs do these reassessments every six months, but on the whole they take place less frequently. In Las Vegas, there appears to be no schedule for reassessing families on a regular basis; at least one family was reassessed after three years. The reassessment process seems to be rather mechanical; using a Family Service Plan as a checklist, the family worker asks a series of questions: "Do you have any problems with housing?" "Do you have any problems with employment?" and so on. The mother is often asked to help prioritize her own needs, yet families accepted "almost without question the suggestions of the home visitors in regard to the ordering of their needs." There is no team assessment in these two sites, although in Jackson families are discussed regularly in their FDU's meetings. Parents are not present; staff feel it would be "too intimidating and too clinical." The Learning Accomplishment Profile is used for child assessments in Las Vegas.

In Oklahoma City and St. Petersburg, team reassessments are the rule, although the process is very different at the two sites. In Oklahoma, the family worker selects families about whom he/she has special concerns and presents them at a staff assessment meeting. Other staff members then make suggestions, although the main responsibility for determining the family's needs and implementing solutions rests with the family worker.

St. Petersburg's CFRP holds monthly assessment team meetings attended not only by CFRP staff but also by representatives of eight local social service agencies. According to plan, eight families are to be presented by their family workers at each meeting, and each family is to be presented once a year. In fact, eight families are rarely covered; each time, a few families are deferred to the next meeting, and this cycle of delays means that some families are reassessed as infrequently as every other year. Parents are invited to attend--it is considered "the only right thing to do" in view of the program's commitment to self-determination by families. But in fact parents usually don't attend, and when they do, discussion is stilted and takes only half as long as it does when parents are not present. The assessment team meeting is not intended to be an isolated event. Pre- and post-assessment home visits are supposed to involve the parent in planning and provide feedback, but in fact these pre- and post-visits are often allowed to fall by the wayside.

Salem's reassessments take place on a regular annual basis. Parents regard them as a sort of anniversary date against which to measure their progress. Previously, all yearly assessments were conducted by a team in the center, but now, due to financial limitations, many reassessments are conducted at home by the family worker. Center assessments are held only for families with a special needs child, special recognition for progress, a need for coordination among many agencies, or a special problem defined by the family worker. The center assessment team includes representatives of the appropriate agencies. Parents are always present and are encouraged to participate fully. Home assessments follow a similar routine except that the family worker acts alone--the family worker reviews the previous year with the parents, and then she and the parent set new goals and sign the papers in the home.

8.4 Social Services

All CFRPs provide families with a wide range of social services, directly and through referrals to other agencies. Services are provided both on an emergency basis, to meet immediate needs, and as part of CFRP's long-term plan for each family. Social service provision is a major strength of the program and is valued immensely by parents. In St. Petersburg, for example, several parents cited referrals as the single most valuable part of the program. Parents in Oklahoma City refer to the program as an "ace in the hole," because it has given them one place where they can turn for help in times of need. As advocates for families and children, CFRP's staff have brought some measure of rationality, coherence and personal concern to a confusing and impersonal system of social services.

The basic menu of services is similar across sites and includes personal counseling for parents; health services; referrals, advice and advocacy regarding services available through external agencies and the private market; and counseling regarding education and employment. The precise mix of services, the relative emphasis on referrals vs. direct service provision and the way in which responsibilities are divided among staff all vary, however.

Every program provides counseling directly to parents. This counseling ranges from a sympathetic "listening ear" during home visits to professional clinical help. A number of family advocates and home visitors are trained counselors; further, several programs retain the services of mental health professionals who are available to CFRP families. St. Petersburg provides such services through a contractual arrangement with the Family Counseling Center. Salem's staff includes a part-time Mental Health Specialist who counsels parents and children as well as staff.

All programs also offer health screenings and immunizations. These are typically provided by people outside the CFRP, who may be paid by the program or donate their time or work.

Staff make parents aware of their eligibility for public assistance and help them apply for Aid for Dependent Children, food stamps, medicaid, or other entitlements. They help families negotiate their way through the welfare system, for example, when ADC checks or food stamps are stolen, lost or delayed, family workers will often vouch for the legitimacy of these claims. Occasionally arrangements are made for emergency financial aid to buy food, or pay heating, utility or housing bills. Staff assist parents in obtaining adjustments or postponements of charges from public utility or telephone companies, or emergency medical services free of charge. The list of services available or obtained by families through CFRP is almost endless. Whether the need is for housing, child care, legal aid, or shelter for victims of domestic violence, staff ingenuity and determination are applied to resolve the problem and get needed help.

Most programs also seek more long-term solutions to the problems of poverty. Teenage parents in Las Vegas are encouraged to continue their education, since many of them dropped out when their first child was born. CFRP assists parents in getting loans to continue their education, or provides them with information about job training programs in the community. Employment is encouraged in some programs but not others. Work, for example, is viewed as an economic necessity in St. Petersburg. Salem, on the other hand, discourages mothers from working, urging them to stay home, care for their infants and toddlers and live on various forms of public assistance, if no one else in the family provides an income. The other three sites are neutral on this subject and help out to the extent they can. (In Jackson, such efforts are hampered by a chronic shortage of jobs in the community resulting from the receding fortunes of the auto industry.) Through concrete assistance and long-range planning, impoverished families are given a measure of hope and a sense of empowerment.

Procedures for providing the services discussed above vary in several ways, both from site to site and from family to family. As already noted, Jackson and Salem, which are rich in staff resources because of tight links to Head Start, offer many direct services as well as referrals, whereas other sites rely more heavily on referrals.

Another area of variation--dependent largely on idiodyncratic characteristics of families--lies in the nature of referrals. At one extreme, referrals may mean simply giving a parent information about an agency, with the suggestion that the agency might offer the help the family needs. At the other extreme, the family worker may take the family to keep an appointment that the family worker has arranged.

Still another area of variation is the distribution of staff responsibilities. In Las Vegas and Oklahoma City, it is the family worker who has sole responsibility for making sure that family and child needs are met. Las Vegas staff have a book that lists available community resources that they consult when a need arises. Such a resource document is still in the planning stages in Oklahoma City. Staff in this site often have to devote much time identifying agencies that will accept referrals from CFRP. They do rely on each other, however, for suggestions and ideas. The Hispanic home visitor in Las Vegas similarly expends considerable effort trying to locate agencies with bilingual staff. Language barriers often make it necessary for the home visitor to accompany her families and serve as interpreter.

Social service provision is handled somewhat differently in the other three sites. While the family worker is responsible for the bulk of the referrals, they get some assistance from in-house specialists. Medical and dental appointments, for example, are made by the nurse or health services coordinator. Jackson's Special Needs Coordinator makes referrals for children who are handicapped or have special needs. The Jackson program is unique in that family workers can enlist the aid of a social service advocate in making referrals and doing appropriate followup work. This advocate's function is to coordinate contact and relations with other agencies.

8.5 Home Visits

Home visits are a key point of connection between families and CFRP. They are a source of continuity in each family's relationship with the program and a vehicle through which many of the program's services are provided. In particular, they are the locus of many of the program's activities in parent education and child development. However, they vary widely in frequency and focus from site to site and in many instances do not constitute an adequate basis for a sustained child development program. Closer control of caseloads, schedules and curricula appear to be needed if they are to serve this purpose.

8.5.1 Frequency and Duration

In all sites home visits are seen as a key point of contact between families and the program. Relationships between family workers and CFRP mothers, universally acknowledged as crucial to the success of the program, are developed and sustained to a significant extent through one-to-one interaction in the mother's home. However, there is considerable variation, both between and within sites, in the frequency and focus of the home visits, as well as the nature and quality of the relationship that is developed. Two pervasive problems that emerge, explicitly or implicitly, from most of the site reports are the heavy caseloads of the family workers and the difficulty of scheduling visits with mothers who work or go to school.

Across the program as a whole, home visits to the families in the ethnographic study occurred somewhat less frequently than once per month on average, although at most sites the scheduled frequency of visits was much higher. In a few cases, however, families received more, sometimes many more visits than called for by the generic schedule. In most sites an effort was made to schedule home visits on a regular basis; however, cancellations and postponements were common. In practice, whether or not there was an attempt at scheduling, the actual pattern of home visits had to be adjusted to family needs and interests. (Salem's program was a partial exception to this generalization, as discussed below.)

In Las Vegas, visits were generally planned for every other week, but actual frequencies varied with the needs of the family and availability of the mother. Teenage mothers, many of whom were in school or part-time employment, received less than the scheduled number of visits, although efforts were made to maintain telephone contact. Hispanic families were visited more often, due to the special efforts of the Hispanic family worker and perhaps also to the fact that several of the mothers were not employed outside the home. In several cases the Hispanic workers visited families much more often than twice a month; one family in crisis received 12 visits in a single month.

In Oklahoma City, visits were also scheduled biweekly for parents of children aged three or under. Workers prepared a calendar, approved by their supervisor. However, visits were often cancelled for a wide variety of reasons. The actual frequencies of visits to families in the ethnographic study ranged from one to four during the six-month period of the study. (Again, attempts were made to maintain telephone contact with families who were not visited.)

In St. Petersburg, too, the scheduled frequency of visits was twice per month. The actual frequency was about once per month, again due to frequent delays and cancellations by both parents and staff.

Salem was an exception to the pattern presented by the previously mentioned sites. In Salem the scheduled frequency of visits was once per month, less than the other sites. However, the monthly visits always occurred and were rescheduled if postponed for some reason. In addition, some families received extra visits because of particular needs. Thus the actual frequency of visits in Salem was among the highest observed. Salem has evidently adopted a policy that participation in home visits is a central obligation of parents and staff; it has set a realistic schedule (on the face of it, or less demanding schedule than other sites), but has enforced adherence to the schedule, so that home visits are not viewed as casual matters to be put off lightly.

Jackson was also an exception of a different kind. Jackson's two different kinds of home visitors, FLEs and HPTs, have different visiting schedules. FLEs, who provide family counseling and advice about social services, were expected to visit families once per month. HPTs, who provide parent training and child development activities, were expected to visit families with three-year-olds once per week, and families with younger children once every two weeks at the main Helmar Center. (At the smaller Kelly Center, HPT visits were expected to take place half as often as at Helmar.) There was, however, no attempt to enforce a formal schedule during the study, with the result that visits were sporadic and less frequent than expected. FLEs, who deal with families' crisis needs and have other responsibilities as well, had caseloads of 40 on the average and frequently had to cancel meetings with families not in crisis. One FLE visited her families only once every six months, to conduct periodic reassessments of needs. HPTs also visited their families much less often than expected; only one family in the study actually received biweekly visits to its young children. Several received visits once every month or two. Jackson's family workers have now begun keeping logs of all their contacts with families, including even brief phone contacts. Whether this monitoring procedure will lead to change in the pattern of contacts could not be determined during the ethnographic study, however.

The duration of home visits was quite uniform across sites, at least in all cases for which this information was explicitly reported. Typically visits are scheduled for about an hour across sites. In Las Vegas, where they are scheduled for 90 minutes, several home visitors complain that they can't fill the time, so that actual durations are shorter. In Jackson, FLE visits are scheduled for an hour but often are shorter. In St. Petersburg an hour is also the scheduled and, apparently, actual duration.

8.5.2 Content of Home Visits

With the exception of Jackson, which splits the child development and social service functions between two workers, the sites mix the two functions in every home visit. However, the balance between the two and the manner in which they are presented is extremely variable, not only across sites, but also across workers within a site and even across families served by a single worker.

A particularly important aspect in which programs vary is not only the amount of time devoted to child development, but the manner in which developmental activities are presented, and the apparent quality of developmental services. This variability is perhaps not surprising, given that the program Guidelines are sketchy in their prescriptions regarding developmental services to be provided to children under three. The Guidelines say only that CFRP shall be "a resource to parents for the developmental needs of both younger and older children" (p. 6) and that developmental services shall include "programs designed to assist parents to promote the total (emotional, cognitive, language and physical) development of infants and toddlers" (p. 10). The Guidelines also specify that the whole family--parents, siblings and other relatives--shall be involved in the child's development (p. 17). Although examples of developmental services are offered at various points, most of these have to do with health and physical growth, e.g. prenatal care and pediatric screening (p. 6). Virtually no specific guidance is given regarding educational activities for children or about the content of parent education in the areas of social and cognitive development.

In Jackson FLE visits are devoted exclusively to family needs and are centered on the mother. Visits by HPTs are devoted entirely to child development. Time in the HPT visits is split between talking to mothers about topics related to their children's development and working directly with children, and often their mothers, in developmental exercises. Time may also be split among several children; for example, one description of a home visit included a half-hour during which the HPT encouraged the mother in visual and psychomotor stimulation of an infant, followed by half an hour during which the HPT encouraged the mother to read to a two-and-a-half-year-old, probing his verbal skills; the worker also engaged the boy in a ring-stacking task to test and stimulate his ability to make size discriminations. There is no set curriculum for all families, but HPTs plan lessons for each visit using the Portage Guide. Detailed records of activities are kept. Mothers are provided with written materials on child development and with materials for activities with children to try on their own. Visits by FLEs are unstructured, except in the case of assessments. The FLE's function is to listen and respond to the family's needs.

In Las Vegas the supervisor of home visitors equates their job with that of a social worker. The goal, she feels, is to train parents in coping with their daily lives. At the same time there is a rather formal procedure for incorporating child development activities into home visits. Fifteen to 20 minutes of each 90-minute (planned) visit are normally set aside for child development activities. All home visitors have lesson plans, based on the Portage Guide, which are approved by the supervisor. Children are assessed using the Learning Accomplishment Profile, and long-range plans are set, based on this information. Mothers are encouraged to work with children 10 minutes a day on areas where the child is weak. Exercises remain in the plan until the child achieves success. Instructions for the independent exercises are written by the home visitor and signed by the parent. Reality is sometimes at variance with this formal plan. As noted earlier, family needs are pressing and child development activities are seen as secondary by both parents and home visitors. Accounts of home visits in the Las Vegas site report include some examples where all of the home visitor's time was consumed by family needs other than child development, e.g., the tragic case of the grandmother receiving chemotherapy for terminal cancer. On the other hand the site report also includes examples where most or all of a visit was devoted to developmental activities.

In St. Petersburg, like Las Vegas, a formal lesson plan was used, and an attempt was made to devote 25-50 percent of each visit to child development. With the initiation of the supervisor, staff jointly selected one topic (e.g., language development) to emphasize with all families in a given month. In consultation with the Infant-Toddler Specialist, staff also selected an activity intended to foster development in the chosen area. (Puppet-making was the activity for the language development topic.) As in the other sites discussed above, an attempt was made to leave parents with tasks they could perform with the child independently of the home visitor. In St. Petersburg the philosophical emphasis on the parent's role as teacher of infants and toddlers was particularly strong. (Relatively little work was done with older children.) The slogans "teach the parent so the child may learn" and "if the parent knows, the child grows" capture the program's philosophy. In practice, the relative emphasis on parent training as opposed to modeling and direct activities with children varied with the worker and mother in question. For example, one worker emphasized parent training with an authoritarian, nonverbal mother and emphasized modeling with a more communicative, less authoritarian mother. The parent-worker dynamic also affected the relative emphasis on child development vs. social services. Despite the program's attempt to shift its emphasis away from family needs toward child development, the need for services continued to command more than half of most home visits. Whereas some families genuinely appreciated the developmental activities that were provided, others merely tolerated them and primarly valued referrals and advice concerning social services. There were indications in several cases that the child development part of the home visitor's role was seen as formal and professional, whereas the part concerned with social services was more natural and intimate, a source of support with parents.

In Oklahoma City a somewhat similar picture was painted. Families seemed to be primarily concerned with social services. While providing such services, advice and referrals, the program pressed for more attention to child development. Again there were indications of a tacit link between child development and formal professionalism, on one hand, and social services and informal friendship on the other. Most developmental activities were provided through modeling, but the modeling principal was often unspoken and may have been misunderstood; that is, parents were not always told and did not always understand that they were expected to emulate the activities of home visitors with children. Unlike St. Petersburg and Las Vegas, there was no formal curriculum in Oklahoma City. Individual advocates chose activities, and planning was informal. Despite the absence of a set curriculum, the advocates who were observed tried to use the same set of activities with all families during a given month. Activities focussed on infants and toddlers, but there was an attempt to involve older siblings as well.

In Salem, the child development and social services aspects of home visits were completely integrated. Home visitors moved from one type of activity to the other without abrupt transitions or changes in demeanor. Thus it would be difficult to separate quantitatively the portion of a home visit devoted to one type of concern or the other. Similarly there was no set curriculum, either across workers or for any one worker. Rather there was a highly individualized and, (in a positive sense) opportunistic matching of services to parental concerns. Salem places a heavy emphasis on the self-concepts of both mother and child and consequently devotes considerable effort to emotional support for both, thus further blurring the boundaries between services to parent and child.

8.6 Center Activities

Center sessions are, along with home visits, vehicles for providing parent education and child development. Like home visits, they combine these functions with other family concerns and also with socialization and recreation. The quality of developmental activities is variable, and at most sites frequency of parental participation is a problem.

Center sessions for parents deal with a wide variety of issues across the five sites. Some deal explicitly with child development and/or parenting; in some cases, "parenting" is very broadly defined to include topics of interest to parents. Other sessions simply allow parents and children to interact together socially, and some are organized recreational activities. Still other groups are parent support groups, either for all parents or for parents with special issues (single parents, parents with handicapped children). Center sessions for children include classroom experiences, supervised play, and play therapy for disturbed children. Some sites offer no sessions specifically for CFRP children but rather place the children in the center's day care while their parents attend sessions. The case studies present a baffling array of center activities because different titles may refer to rather similar activities, and the same title may mean something very different in different sites.

Two sites offer a parent session which combines parenting and child development--Jackson's Parent Education and Salem's Parent Groups. Parent Education in Jackson has recently been reorganized into two levels, one for parents in their first year of CFRP, and one for parents who have been in CFRP for a year or more. Each group meets every two weeks (on alternating weeks) for 2 1/2 hours. This split was intended to make Parent Education less repetitious and more interesting for long-time participants, while still getting basic information across to new participants. There has been some dissatisfaction with the new two-phase design--under the old plan, each FLE conducted Parent Education sessions for her own families, whereas the new design mixes together staff and parents who don't know each other. There is little cohesiveness in the groups, and poor attendance is "a major problem."

Topics covered in Phase I Parent Education include the following: discipline, toilet training, assessing toys, separation, independence, nutrition, "You deserve a break today," money management, "Will you please stop fighting," "Help, there's a monster in my room," building children's confidence, new kid on the block, and no more stork stories. Phase II Parent Education treats only a few "required" topics (budgeting, children and lying, nutrition) and a larger number of topics requested by parents ("Will you please stop fighting," building adult self-esteem, what to do for entertainment with no money and no babysitter, how to help children cope with not seeing their father or with a visiting father who hassles a lot, how a single can have a sex life and still be a good parent, first aid and CPR, sibling rivalry, personal care, macrame, ceramics, and creative environments workshop). The last few topics show the broad interpretation given to issues of "parenting"; nevertheless, the primary aim of this parent activity is education, not recreation. Parent Education is the only center activity for parents at Jackson, aside from occasional special workshops.

While their parents attend Parent Education, children under three attend Jackson's Infant-Toddler Session. At Helmar Center, this is a classroom experience, supervised by an HPT. It includes free play and organized activities, a snack, and gym time. There are usually six to eight children in the group, sometimes more. At Kelly Center, the children simply play in an area adjacent to their parents' meeting, and the parents themselves keep an eye on them. At Kelly, then, this is simply a supervised play group.

In addition, there is a Three-Year-Old Class which meets every week for 2 1/2 hours. It is attended by about 10 children and taught by an HPT. Its importance is largely as a group experience to prepare the children for Head Start and school. The children hear stories, make artwork and have such special activities as making cookies.

There are two Parent Groups in Salem, one for the parents of infants and toddlers and one for the parents of Head Start children. The Infant-Toddler Parent Group deals with issues of child development and parenting, but its format is strikingly different from the Jackson plan. The group, which meets every week for two hours, begins with a half-hour "hands-on" period with children. This is the only center activity at any site where parents regularly work with their own children in what is explicitly a teaching setting. At Salem, this is a return to an earlier format (for about a year and a half, the Parent Group had not involved children). There was some resistance to this change (lower attendance, late arrivals), but both parents and staff now feel positive about it. During each session, parents are instructed to concentrate on just one thing in interacting with their child: for example, watch what your child wants and chooses to do; follow along and join in what your child is doing; listen to what your child says. Later, when the parents are alone, they discuss what happened during the first half-hour, and the meeting ends with "sharing time"--each parent expresses what is on his/her mind at that moment.

Sharing time reflects Salem's mental health emphasis--the Infant-Toddler Parent Group is about child development and it is about parenting, but it also explicitly a parent support group. Parents support each other, and the advocates who run the group also offer emotional support to parents, not only during sharing time, but also during discussion of the hands-on period.

After the half-hour interaction period with their parents, the children are placed in the center's day care program; there is no session in Salem just for CFRP children analogous to Jackson's Infant-Toddler Session.

The Salem program is unique among the sites in offering two support groups for parents with special issues, and one for children. The Group for Parents of Handicapped Children meets weekly year-round. A Single-Parent Workshop met for two hours each week for five weeks. And six staff members meet with twelve children for Play Therapy, every week for an hour; the group is for children with serious emotional or behavioral problems.

Unlike Jackson and Salem, the Las Vegas CFRP separates issues of child development and parenting into two distinct center activities for parents. Parent Sessions are held every two weeks. This activity, in a lecture-and-discussion format, deals with issues of parenting, many having to do with relationships between parents and children. Sessions are conducted in English by the Infant-Toddler Specialist (when there is one) and in Spanish by a child psychologist who donates his time to CFRP. Topics in the Spanish-language Parent Sessions have included: child abuse, inevitable and normal conflicts between parents and children, how to explain conception to young children, and the importance of the psychological state of the parents at conception.

The other major center activity for parents in Las Vegas is a series of lectures on child development, conducted in English by the Infant-Toddler Specialist, with a question-and-answer period following. Interestingly, these are called Infant-Toddler Sessions (in Jackson, Infant-Toddler Sessions are for children only; in Las Vegas, they are for adults only). Only one Infant-Toddler Session took place during the ethnographic study; the Infant-Toddler Specialist's position was vacant during most of the study.

During both Parent Sessions and Infant-Toddler Sessions, children are placed in EOB day care, although some Hispanic parents, who are not comfortable with leaving their children with non-Spanish-speaking caregivers, bring their children along. Their presence is somewhat disruptive to the Spanish-language Parent Sessions, but this is tolerated by their parents. There is no special center activity for children in Las Vegas.

A very popular recreational activity for parents in Las Vegas was the ceramics class, which was discontinued after the kiln was damaged and not repaired. There are other recreational activities occasionally on an irregular basis, such as the Christmas party.

St. Petersburg's CFRP has two center activities for parents. One, referred to as the Center-Based Program, deals exclusively with child development. Meetings are monthly (one in the morning, one in the evening), and the theme for each month is the same as that for home visits in the same month. This design is intended to reinforce and expand upon material presented in home visits. Depending on the subject of the session, children may or may not be present. For example, when the subject was large muscle development, children and parents went through an exercise course together, after the family worker passed around handouts on gross motor development and explained the value of the day's activity for children's development. When the topic was fine motor development, parents and children decorated cupcakes together. The program on language development was for parents alone; family workers suggested ways for parents to stimulate language development in their children and also presented a skit. The December session of the Center-Based Program was a Christmas party. The number of parents attending these sessions ranged from four to thirteen.

The other center activity in St. Petersburg is Parent Study, a weekly support group where parents have an opportunity to discuss their problems with other parents. About six parents attend regularly, and others sometimes attend. The group is led by a professional family counselor employed by an agency which has a contract with CFRP.

During Parent Study (and sometimes during sessions of the Center-Based Program), CFRP children are together in a Play Group supervised by family workers. The group is held in a well-stocked playroom where children have a chance to play with new toys and engage in organized group activities.

The Spencer-Oklahoma City CFRP offers two center activities for the parents of infants and toddlers. The first, Toddler-Infant-Parent Sessions, or TIPS, meets every two weeks. TIPS is primarily social: its purpose is "to give parents and children an opportunity to interact in a group setting while learning to make things of interest to preschool children." Thus in Oklahoma City as in Salem, children and parents have a regular activity together. But TIPS does not have the teaching focus of Salem's Infant-Toddler Parent Group or of St. Petersburg's Center-Based Program, which sometimes brings children and parents together. TIPS sessions are usually organized around holiday themes. For example, in October there was a Halloween activity where the children made masks and received treats; the November session (which was cancelled) was planned around making Thanksgiving decorations; and the December session was a Christmas party complete with Santa Claus. TIPS is attended by a "small, but fairly regular core" of mothers.

In addition to TIPS, there are P-3 Discussion Groups, for parents only, which also meet every other week, alternating with TIPS. These sessions are led by a consultant social psychologist. At the two sessions observed, three and ten parents attended. The topics discussed were transactional analysis and stress, and parents requested additional topics for future sessions: communicating the word "no" to a child; having patience and helping children to understand parents as people; understanding children's feelings; dealing with children's temper tantrums, cursing, and hyperactivity; budgeting; and buying a car. There are no center activities at the Oklahoma City CFRP for children alone.

The Oklahoma City CFRP also offers center activities for parents of school-age children. These School Linkage Sessions are held weekly. Discussion sessions meet every other week, led by a psychologist. They focus on issues of parenting, ranging from suicide and child abuse to being a step-parent. On alternating weeks, there are recreation sessions, with such activities as macrame, ceramics, woodworking, and exercise classes.

8.7 The Families' Perspective

Does CFRP bring about changes in families? For some families, the answer is clearly yes. There are success stories at each site--families whose material situation has improved dramatically because the parent got a job, families where the parent has entered school as the first step on a definite career path, families whose children are healthier now.

Other changes are less tangible. Both mothers and family workers attest to changes in knowledge and attitudes. Mothers whose previous knowledge of child development and parenting is at very different levels can learn from CFRP. One mother came to realize that "talking to children can help as much as beating them." Another mother was ready for another sort of information: "They give me an idea of what to expect as my children grow. . . . They made me look at different viewpoints and helped me understand myself and my children better." Some attitudinal changes are not about children or parenting, but may nevertheless affect children indirectly: a mother who is now thinking of going to college used to think she was "too dumb." She was also unaware of financial aid, but her family worker has told her about these opportunities. Because of these two changes--in her attitude toward herself and in her awareness of sources of help--college is no longer impossible.

For some families, the basic facts of life do not change because of CFRP. There may be ups and downs in their situation without any fundamental improvement. These are often the same families who remain dependent on CFRP rather than using what they have learned to help themselves. An example is the mother whose first words to her family worker on a home visit were, "Did you make a dentist appointment for me? My teeth hurt."

How do parents view CFRP? Almost universally, they appreciate its value as a source of social services. As one mother said, "If I have a problem with me or the children, I can just call [her family worker] and she will refer me." Some parents see CFRP as very different from other social service agencies. They recognize that CFRP's willingness to tailor services to families' needs and desires is unique: "Other programs just tell you what they can do, but they won't refer, and if you don't want to do things their way, you're off the program." One mother actually feels that CFRP is "her only friend in a hostile, bureaucratic word of social welfare programs."

Parents' views of center activities--which deal primarily with child development and parenting--are more varied. For one Hispanic mother in Las Vegas, attending a center activity is "almost like a religious experience. . . . The quality of their family relationship improves immediately after a center activity." A teenage mother says flatly that these same sessions are "uninteresting and dull." Likewise, in Jackson, one mother finds Parent Education "really boring sometimes . . . but they just have to cover some topics that are boring." Another mother in the same site wishes that the sessions were longer and more frequent, because she enjoys them and finds them valuable. It seems that parents' views on center sessions depend more on their own readiness than on the sessions themselves.

Do parents--even those who speak highly of CFRP--really understand its purpose and philosophy? Some clearly do not. One mother, when asked what CFRP does, answered, "It helps [the children] with their counting." There were various examples from the case studies where the developmental value of an activity escaped parents--perhaps because it was not explained by the family worker. One ethnographer asked a mother, "Do you think making [paper] chains was for play or did it help Jeff learn something?" The mother responded, "Learning, I guess. He learned how to make chains and he didn't know before."

Yet other parents have a clear understanding of how CFRP works. One mother said,

> Everything interacts. . . . The child assessments help me to know what to try with Sam. Then if there are problems, I can have a referral or just talk about my problems with other parents at Parent Study. Everything interacts to help me with my family.

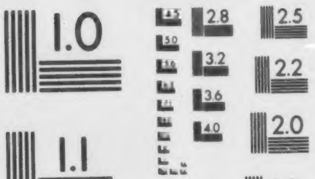
This mother has summed up rather well the meaning of a "family-centered child development program."

9.0 CHOICES IN POLICY AND PRACTICE

The introduction to the previous chapter pointed out that all CFRPs face hard choices about allocation of staff time and other scarce resources. Such choices are inevitable in any organization, but they are particularly difficult and important for CFRP. To a significant extent they account for the wide variations in program practices described in the five case studies. And, to an equally significant extent, they foreshadow issues of policy and program management that will confront ACYF if it decides to incorporate some of CFRP's innovations in future Head Start guidelines.

The need for choice is built into CFRP's dual mandate to support and strengthen families, both internally and in relation to external institutions and agencies, and to promote child development over a long period of dramatic developmental change. Probably no person or program could do well and thoroughly all of the things that this broad mandate implies. (In fact, it is remarkable how close some of the programs and staff come.) Staff members are faced with dilemmas or trade-offs in deciding how, and with what families, to spend their time and energy. Program administrators are faced with similar trade-offs in deciding where to concentrate the program's resources--what families to recruit, who to hire, how to train, how to direct staff to spend their time. The particular choices made by director and staff at each site give each program its own unique character, and they color the CFRP experience a distinctive shade for each family. By the same token, the needs, wants, interests and strengths of the families color the choices made by staff and contribute to the distinctiveness of the sites.

There are other choices that help shape the program, choices having to do with overall management strategy, as opposed to the content of particular managerial decisions. CFRP is committed to tailoring services to the needs of families; yet it has certain broad goals that apply to all who are served. Thus, program administrators at each site must decide how much control to exert, in the interest of ensuring that program goals are pursued, and how much autonomy to allow home visitors and other staff who are closest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to the families. Washington, likewise, is faced with a dilemma of control. CFRP's national managers want the program to adapt itself to local needs and resources, yet they also want commonality of purpose across sites; again, the question is how much autonomy to allow. In designing guidelines to extend elements of the CFRP approach to Head Start centers nationally, ACYF will have to deal with this broad question as well as many more specific questions about staff recruitment, training and supervision, caseloads and home visit frequencies, services to be offered and the like.

The purpose of this chapter is to outline a set of choices which both characterize the programs in the ethnographic study and highlight implications for future policy and program management. The choices are grouped under the more or less self-explanatory subheadings, "Friends and Professionals," "Social Services and Child Development," "Serving Working and Nonworking Mothers," "Inclusiveness and Selectivity," "Support and Independence," "Common Goals and Individualized Services," and "National Guidelines and Local Autonomy." From the outset two points should be clear. First, the seven sets of choices are interrelated in many ways, to be discussed below; their separation into seven discrete categories is largely a matter of expository convenience. Second, none of the seven is an absolute choice between mutually exclusive alternatives. In some cases "choice" means picking a point on a continuum, for example deciding how selective to be in recruiting families or how much autonomy to allow family workers. In other cases programs could in theory have their cake and eat it too, _if_ enough money, enough multi-talented staff, enough managerial ingenuity, and enough time were available. For example, there is no logical contradiction between offering social services _and_ child development, or serving working _and_ nonworking mothers. In reality, however, choices are made, in relative emphasis if not in absolute terms. As is readily seen in the site case studies and discussed in Chapter 8, some CFRPs are "richer" than others in human and organizational resources and in support from their communities, if not in funding from Washington. The "richer" programs come closer than others to getting the best of both sides; at least the choices they make are less painfully apparent. It is in this relativistic spirit that the seven sets of choices should be understood.

9.1 Friends and Professionals

The job of the CFRP family worker is a unique one that requires the worker to be in some respects a friend to his or her families and at the same time to function as a helping professional. This dual function creates two sets of choices and two kinds of conflicts--one having to do with the appropriate role of the family worker and one having to do with recruitment of staff.

9.1.1 Staff Roles

Family workers are "friends" in that they try to build trust and rapport with their families. They try to develop intimate knowledge of their families in order to identify needs and individualize services. They try to put a human face on an otherwise bureaucratic and remote system of social services and to take the family's side in dealing with other agencies.

All of these themes are echoed at every site. Trust-building is the focus of much conscious effort by staff everywhere. In Salem, for example, advocates estimate that a full year is needed before the typical family is comfortable in the relationship and ready for the rest of what CFRP has to offer. Programs are aware of the need to "make a good match" between advocates and families, and they sometimes shift assignments when a match doesn't work out. Meshing of personal characteristics seems to be the primary basis for a good match, although delicate issues of ethnic compatibility also enter in, as illustrated by a case in St. Petersburg where an assignment was changed in order to pair a mother with a home visitor of the same race. Many staff are on guard against acting in ways that might distance them from the families they serve; in Jackson, for example, even overdressing for a home visit drew comments. At several sites, families and staff contrasted CFRP's empathetic, supportive approach with the impersonality of other social service agencies.

But intimacy poses certain problems for individual advocates and families--problems of "role conflict," in the sociologist's terms. The social conventions governing the behavior of friends are different from the conventions governing the behavior of professionals and clients and may interfere with some professional aspects of the family worker's job. Professional relationships usually operate on a schedule, and the schedules are expected to be kept; friends are much more flexible about the timing of their contacts. Professional relationships are asymmetrical: someone helps and someone is helped; with friends, the give-and-take is mutual. In professional relationships, a specified service is usually provided, and there are clear limits as to what is and is not appropriate to the transaction between professional and client. In friendships, there are no clear or necessary limits on what can be said, or asked, or given, although individuals of course set personal limits, which may involve more (or less) sharing of intimate information and personal help than relationships with professionals. Friendships are at least potentially permanent, whereas relationships between professionals and clients usually have well-defined time boundaries.

Because CFRP staff are both professionals and friends, they must strike a balance between these sets of expectations, as must the families they serve. A great deal of strain and confusion can result. The tension can be seen in the behavior of the family worker in St. Petersburg who unconsciously changed her demeanor and manner of speech as she shifted from the "friendly" to the "professional" portion of her visit. It can be seen in casually broken appointments. It can be seen in the bewilderment of the mother in Jackson, whom staff saw as resistant, "feeling she was too good for the program," but whom our ethnographer saw as simply not understanding what was being offered. The mother said of her family worker: "She's nice but I don't see what she can do for me." It can be seen in one newly hired family worker's confidence to a mother that she didn't really understand what she was supposed to be doing; the mother, who had been in CFRP for several years, explained to her new family worker what her role was and what home visits were like. It can be seen in the dependent relationships that some families develop with family workers. Perhaps most crucially, it can be seen in the sometimes excessive demands that families make on staff and staff make on themselves. There is a clear need to set limits on what the program will offer and what families can ask, to avoid staff "burnout" if for no other reason.

Choosing the right balance between friendship and professionalism is in part a supervisory issue (see Section 9.1.3), but is also in part the prerogative and responsibility of the individual family worker. Each family worker must build the right relationship with each family that he or she serves. To attempt to legislate these relationships would be self-defeating and antithetical to the spirit of CFRP; individual discretion and sensitivity are essential. The site reports contain some outstanding examples of the staff's ingenuity in finding ways of relating that fit the situation and cultural context. To cite just one, the Hispanic family advocate in Las Vegas functions as a surrogate "godmother," capitalizing on a special role that is well established in the community. It is a role that allows her entry into the lives of proud and private families who normally distrust outside professionals and view their presence as a mark of shame. It allows her to be close to her families and to help them without infringing on their autonomy.

9.1.2 Staff Recruitment

A program's choice of a balance between rapport and professionalism is also reflected in its policies for recruiting staff. Programs must decide how much emphasis to place on professional credentials--education or training--and how much to place on personal characteristics--sensitivity, maturity, compatibility of background with the families served. (Relevant work experience is a kind of "bridging" qualification that reflects both professional background and personal characteristics.) A particularly important issue is the degree to which programs actively recruit indigenous paraprofessionals, especially former CFRP mothers, in an effort to maximize rapport and provide jobs and upward mobility.

As indicated in Chapter 8, most directors emphasize personal characteristics, although many staff members have at least some college training and most have relevant job experience. The clearest dimension of variation among programs lies in their recruitment of former CFRP mothers. Of the five sites studied, Las Vegas pursues this policy to the greatest extent. Salem, Jackson and Oklahoma City all employ one or two former CFRP mothers, while St. Petersburg employs none.

9.1.3 Supervision and Training

The training and supervision of family workers is an issue of great importance in a program like CFRP. For example, programs can help family workers find the difficult balance between friendship and professionalism, discussed above. Staff can be sensitized, through preservice and inservice training and supervision, to the need to set limits on their personal relationships with families. They can be taught techniques for maintaining rapport without sacrificing professionalism. In general, programs seem not to have given staff much guidance in this regard, although some programs seem to have established a climate that helps staff work out relationships with their families within a framework of shared expectations. Salem notably establishes clear expectations about participation on the part of families and has explicit guidelines about concrete matters such as appointments. The program's staff are mostly middle-class professionals. Yet the program also places a high premium on personal relationships, not only between advocates and families but in group meetings and other center activities as well. Salem's example suggests that a coherent philosophy about the program's relationship to families can remove some of the uncertainty and burden that staff experience when guidelines are less clear. (It should not be assumed, however, that any one approach will work everywhere. For example, Salem's "mental health" orientation--as one local staff member aptly labeled it--would probably not fit other contexts. As a worker in St. Petersburg said, of that site, "We can't apply the white middle-class approach to our families. They would be immediately turned off.")

The issue of training and supervision is also raised by the program's recruitment policies. Previous experience with home-based programs in Home Start showed that paraprofessionals can deliver effective developmental services, but only when supported with intensive training and supervision.* Thus in choosing to hire paraprofessionals a program assumes greater responsibility for training and supervision than it would if it recruited individuals with relevant training and/or experience. However, the five case studies suggest little or no relationship between recruitment and training/supervision policies. Las Vegas, which employs more paraprofessionals than other sites, offers two weeks of preservice training. At some other sites training is more extensive. In Jackson, for example, one day a week is devoted to in-service training. In Salem, the typical family worker has over 200 hours of child development training, most of it received on the job. There is generally not a great deal of supervision of family workers in the field at any site.

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*Love, J.M. et al. National Home Start Evaluation Final Report--Findings and Implications, High/Scope Educational Research Foundation and Abt Associates Inc., 1976.

Autonomy has been welcomed by most family workers, and some have used it well. However, most appear to need more structure in order to deliver child development services of acceptable quality, and in order that the program's goals not be seriously diluted in the name of individualized services. On balance, as indicated at several points in this report, better supervision and support are called for. The planning and record-keeping procedures used to ensure quality control at some sites do not appear to be effective; for example, where programs have attempted to enforce common practices in child development, the result has been a rather mechanical curriculum, not well attuned to the needs of children or their families. The most successful model of "supervision" appears to be Salem, which achieves control through shared values and expectations, rather than bureaucratic procedures or in-home monitoring. However, as pointed out earlier, Salem's success may be linked to its recruitment policies and its ethnically homogeneous population. In sum, while clearer guidelines about staff supervision are needed if CFRP's approach is extended to Head Start, the current demonstration program has not produced a range of approaches to choose from.

9.2 Social Services and Child Development

As part of Head Start, CFRP has as its primary goal the promotion of child development. Social services are provided to families in order to help give the child an environment that is conducive to physical, social and cognitive growth. Philosophically, there is no conflict; in fact, CFRP is premised on the belief that there is synergy between services that relate directly to children (educational and health services, parent training) and services that support families more generally (counseling, advocacy, assistance in crises). Every one of the five programs in the ethnographic study has its own way of expressing this belief.

As a practical matter, however, conflict can be created by the constraints of time and resources already mentioned. Advocates must decide how much emphasis to place on dealing with mothers' personal and economic problems and how much on teaching mothers about child-rearing and working directly with children. At the program level, directors must decide what kind of staff to hire--how many people with child development training? how many with backgrounds in social work? They must decide how much time and money to commit to training in child development as opposed to other areas, and they must determine what kinds of guidelines for staff should be established.

As indicated in Chapter 8, provision of social services indirectly or through referrals was a strong point of CFRP at every site. Programs assisted families in crisis, helped them to develop long-range strategies for improving their circumstances, and marshalled support from other social service agencies.

With respect to child development the picture was considerably less positive, and it was in this area that resource constraints were most evident. Programs were not able to maintain the intensity of service that previous research has indicated is necessary for an effective child development program in the home. Results of the Home Start evaluation showed that a minimum of one hour-long visit per week is required to produce any measurable effect on children, whereas home visits in CFRP averaged about once per month in actual (as opposed to scheduled) frequency. Many families were visited much less often than once per month, partly because the families' own schedules were often erratic and partly because staff were too busy dealing with families in crisis to spend time with those who were coping adequately with financial and personal problems--precisely the families for whom child development activities were most likely to be welcome and effective. The low frequency of home visits for some families was undoubtedly linked to high family worker caseloads; family workers typically had caseloads of 20 or more, whereas the Home

Start study indicated that a caseload of 13 was the maximum feasible in order to maintain an adequate frequency of visits.

Another factor limiting the intensity of child development activities was the fact that home visits were not devoted exclusively to such activities. Roughly half, and in many cases more than half, of each visit was devoted to other family needs. Home visitors spend substantial time in offering advice and monitoring progress regarding family goals in education, employment, housing, budgeting and securing financial aid. Crises were common, and when they occurred, parent education and activities with children took a back seat. Again and again a family worker encountered a mother who was understandably preoccupied with an abusive husband or boyfriend, or a lost or stolen welfare check, or a dispute with housing project managers, or any of dozens of other emergencies or conflicts. Family workers had to deal with these problems, giving practical help where possible and always offering a sympathetic ear, in order to maintain the rapport that is so essential to their functioning. The price paid in foregone developmental activities was nevertheless significant.

The case studies also suggest that there is great variation in the quality of the developmental activities that are provided. Health screening and services are provided at every site, and children's developmental status is monitored; at some sites devices such as the Denver tests are used for this purpose. It is in activities designed to stimulate social, emotional and cognitive development that the variation is most evident.

CFRP's approach is to work with the family, primarily the mother, helping her to understand, stimulate and reinforce her child's development. This process of parent education takes place in home visits and in group sessions at the CFRP center.

At every site there were examples of skillful work by advocates during home visits. The reports depict advocates encouraging mothers to speak to preverbal infants in order to stimulate language development and establish social bonds, showing mothers how simple games and toys can be skills, and teaching effective strategies for discipline. However, there are also examples of didactic, mechanical use of predetermined exercises, with little attempt to capitalize on the interests of the child or the mother, and in some cases with little apparent comprehension of the purpose of the exercise. (Children were sometimes even chased away from interesting activities!)

For some family workers at several sites, child development was tied to the staff's professional role, while social services were tied to their role as friends. Some--by no means all--of the accounts of home visits showed a palpable change in the atmosphere of the visit when the family worker shifted from informal, friendly discussion of the parent's concerns and needs to formal, stilted presentations of child development activities. In contrast, most examples of successful developmental intervention seemed to involve a natural interweaving of developmental activities with the rest of the visit, without a shift of style or tone.

Group sessions likewise showed great variability within as well as across sites. At most sites, infant-toddler sessions (for children) and parent education sessions were separate. Some of the latter focused on developmental topics, presented in lecture format. (The Las Vegas report contains a good example.) Others used discussion formats. A few programs brought children and parents together and used modeling techniques, which, according to Bronfenbrenner's assessment of parent education techniques, are most effective. Salem, interestingly, moved from the parents-only to the parents-plus-children format, despite some resistance by parents, because of a staff member's firm belief in the efficacy of the hands-on approach. The approach appears to have been highly successful. At other sites, however, it failed when few parents brought their children to the sessions. Also, center sessions were not uniformly focused on child development. Group sessions for children at some CFRP centers amounted to little more than supervised play. Like home visits, group sessions for parents were partly concerned with childrearing, but were also partly devoted to adult concerns and socializing.

Two of the sites, Las Vegas and Jackson, used the Portage Guide as a basis for their infant-toddler curricula. Other sites devised their own approaches and compiled their own materials from various sources. Salem, for example, developed a distinctive philosophy and approach, which placed great emphasis on strengthening the child's (and the parent's) self-concept. None of the sites appears to have attempted to implement or adapt any of the intensive, experimental infant-toddler curricula that currently exist and were used, for example, in the Parent-Child Development Centers.

The balance that programs have struck between social services and child development is a response to the perceived needs and concerns of the families they serve. A program that was more exclusively concerned with child development, in the manner of the Parent-Child Development Centers, for example, might be perceived, at most sites, as alien--a white middle-class imposition, not attuned to the local culture. To increase the emphasis on child development will require proper groundwork and a clear directive from Washington. (Thus the issue of social services/child development is linked to the issue of local autonomy vs. central direction, which will be discussed in more detail later.)

On the other hand, the issue is one that concerns programs, not just evaluators or program managers in ACYF. The staff in Oklahoma City, for example, besieged with requests for personal and economic assistance, discussed the issue at a staff meeting. They agreed that the program must focus primarily on child development and communicate this focus to parents, encouraging them to be more independent in seeking solutions to their problems. A similar consensus was reached in St. Petersburg. The choice is a real one for programs and individual advocates.

One program, Jackson, has developed a unique way of dealing with the issue. Jackson's two types of home visitors--Family Life Educators (FLEs) and Home Parent Teachers (HPTs)--split the social service and child development functions. As the Jackson report indicates, this arrangement creates some confusion, but it allows the home visitors to concentrate their efforts in areas consonant with their skills and backgrounds. Other programs prefer an arrangement with a single advocate who integrates the social service and child development functions.

In sum, CFRP's child development services--though successful in certain instances--do not appear to constitute an effective intervention program. This failure may be due in part to a conscious choice of emphasis, on the part of some programs, in part to the constant, nagging demands of day-to-day problems, and in part, to inadequate training and supervision of paraprofessional family workers.

9.3 Serving Working and Nonworking Mothers

At some CFRP sites mothers are encouraged to work or attend school, and a high percentage of mothers enrolled in the program are employed. At other sites programs are neutral or discourage mothers from working. The choices that programs make in this regard are influenced both by philosophy and by the availability of work in the local community.

However, regardless of local program policies and the availability of work, CFRP on the whole does not seem to be well organized to serve working mothers or those who attend school full time. Most activities take place from 9 to 5, when working and student mothers cannot participate. Advocates try to accommodate mothers by scheduling home visits for the end of the working day, but often mothers and children are too tired and distracted to get much out of the visits. Holding center-based activities at night also helps but little, because mothers are too tired or busy with household chores to attend; safety may also be an issue in attending evening activities. Thus at most sites some families are effectively lost to the program when mothers go to work or school; others continue participating at a significantly reduced rate. Much of the wide variation in participation that has been a major concern of the evaluation is directly attributable to this situation.

Reduced participation is not always an undesirable outcome; for example, a mother may be in the program for several years, participate actively in home and center-based activities and then, as her child enters Head Start or school decide to go back to school or get a job, reducing her participation in the program. Such a mother would be a success story, and the case studies contain numerous examples of this kind. Reduced participation is undesirable when the mother works out of economic necessity, at a time when the child and family are still in need of the supports the program offers.

The latter type of working or student mother represents a real dilemma for CFRP. By working or going to school, a mother takes a major step toward achieving one of the program's goals, namely financial independence. On the other hand, it is difficult to provide such mothers with services and pursue other goals, such as child development. CFRP needs to decide, nationally as well as locally, whether it wants to encourage work or full-time study and to serve working or student mothers. If so, the program will have to modify its operations. At present there appear to be no really successful program models, although, as is always the case with CFRP, there are individual examples of extraordinarily conscientious advocates and energetic mothers who manage to make the program work despite formidable problems of scheduling and sheer exhaustion.

9.4 Inclusiveness and Selectivity

Another choice that programs make may also influence levels of participation. Some programs have an "inclusive" philosophy of recruitment; they try to serve as many eligible local people as possible. Jackson's program is the strongest example. Inclusiveness is an explicit policy of both Head Start and CFRP in Jackson. In the interest of serving as many families as possible, the program is willing to dilute services for everyone; children are in Head Start only two mornings a week, doubling the number who can enroll, and families may be enrolled in CFRP even when staff are not available to offer the full complement of services. Las Vegas is an example of a different kind. The Las Vegas program offers referrals and crisis assistance to community people who ask for help, even if they are not enrolled in CFRP. Other programs are more selective, choosing to serve parents whose schedules and attitudes facilitate participation and for whom adequate staff time is available. Salem's program is the clearest example. In the words of the case study, it is a "culture with a boundary around it." (Salem does not, however, restrict itself to easy cases, as noted in Chapter 8. It conducts an extensive outreach program and enrolls families with serious problems, as the case study and Chapter 8 make clear.) Other programs fall in between, although the inclusive approach may be more prevalent.

Inclusive programs may formally enroll many families whose participation rates are minimal. (Jackson, however, has high overall participation levels, partly because families have two rather than one home visitor.) In a selective program such as Salem's, families not willing to commit themselves to active participation usually drop out before becoming enrolled. Salem sets forth clear expectations about participation to prospective enrollees, and it is not designed to provide services to "transients." Salem's coherent philosophy and approach, noted earlier, may be made possible partly by this selectivity. "Inclusive" programs may be forced to be more eclectic, since participants are likely to have varying expectations about the program's benefits and demands. The selective approach to recruitment also facilitates continuity of service as the child and family develop. When programs serve "transients" or when participation is irregular, continuity is likely to be lost. This selectivity has advantages, although it precludes certain families' being served.

It might appear that selectivity is inherently opposed to Head Start's philosophy. However, it must be recognized that Head Start nationally served only some 20 percent of eligible families. The issue is not whether to select, but on what basis. Salem selects on the basis of the family's ability to profit from the program. Other CFRPs select on the basis of perceived need, or respond to initiatives from families, which in effect select themselves.

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9.5 Support and Independence

Programs are concerned with issues of independence and family development. They want to provide families with needed support but not to encourage dependency. They see no inherent conflict between support and independence; rather, they see supporting families in periods of need as a way to help them toward independence. Unfortunately, this ideal process of family development does not always take place. On balance the program has been stronger in providing support than in fostering independence.

Ideally, programs hope that families will progress toward independence both materially and psychologically. In material terms, programs hope that families will move toward economic self-sufficiency, by getting education or jobs. In psychological terms programs hope that parents will progress from feeling overwhelmed and incompetent to feeling secure in their abilities to provide for their families and get personal support from families, friends and informal networks. The case studies include success stories of families that followed this pattern. One example is 21-year-old Lisa in Salem, who after four years in CFRP had a child entering Head Start and another in school, worked as a swimming instructor and had enrolled in nursing school. Another is the mother in Jackson who, according to her advocate had been in severe trouble on entry--living in a run-down apartment, heavily medicated, socially isolated and taking poor care of her children. Three years later, at the time of the study, she had a job, had bought her own house, was off medication and took pride in her children's progress in school.

However, the case studies also include many examples in which no such progress seems to occur. Many accounts of home visits with long-term CFRP families are indistinguishable from interactions with newer families; the same problems are present, and a sense of development is absent. The barriers to independence are formidable: poverty, lack of employment opportunities in the surrounding community, chronic or unexpected illness, personal problems and many others. Many families require support on a continuing basis. Programs face the problem of providing this support without losing sight of the goal of independence, and without inadvertently undermining self-reliance and informal support systems, or encouraging unnecessary dependence on government services or CFRP itself.

The tension is manifested in several ways. It is manifested in the dilemma of work or school, already discussed. The most tangible step a parent can take toward self-reliance is to get a job, yet working makes it hard to reap other benefits from CFRP.

It is manifested in the relationship of CFRP to informal support systems, such as the church or the extended family. Where a family's informal ties are strong, CFRP's role may be minimal, as in the case of the Jackson mother whose strong ties to her church gave her all the emotional and material support she needed and who therefore turned down offers of help from the program. But where the family is isolated, the program's support can be crucial. This inverse relationship between the strength of informal ties and the usefulness of CFRP is not universal, however. It appears in Oklahoma City as well as Jackson, but in St. Petersburg the program makes use of and augments informal networks such as the extended family.

Finally, the tension is manifested in the frustration of staff, as they contend with multiple requests for crisis assistance and intercession with bureaucratic agencies. Discussions among staff in Oklahoma City and St. Petersburg, mentioned earlier, illustrate the sensitivity of staff to situations in which families are not doing as much as they could to secure services on their own. In one case, a mother articulated her dependence when she protested against her home visitor's attempt to help her get services for herself: "You're getting paid to get me these things!"

The case studies leave the impression that independence and family development occur on an individual basis, when the family's circumstances and the program's services mesh well. Salem's program probably has the clearest sense of a family development cycle or progression, but the five programs studied do not exhibit obvious, systematic differences in strategies for fostering independence or in the degree to which independence is valued. All set goals of independence, but there are no fixed timetables and there is no coercion; support is always offered if setbacks occur. None of the programs has attempted to prespecify conditions under which CFRP's support for a family will cease. Likewise none has experimented systematically with any form of "maintenance" program in which a family receives reduced services after it has achieved a measure of independence, although informal maintenance arrangements have evolved in individual cases, e.g. among working mothers.

9.6 Common Goals and Individualized Services

A key element in CFRP's general approach is individualization of services to meet specific needs of families and capitalize on their strengths. To this end, all of the local programs undertake elaborate processes of needs assessment and periodic reassessment and goal-setting. The site reports amply document the fact that these processes are in most cases taken very seriously and consume a substantial amount of time and effort on the part of staff and families. (There are, however, instances of *pro forma* needs assessment, in which staff do little more than fill in blanks on a sheet of paper.) The reports also document the more important fact that *services* are in fact individualized, partly in response to the assessments and partly as a result of the advocates' sensitivity to fluctuations in each family's situation. There is simply no doubt that one of CFRP's strongest points, at every site studied, is its largely successful attempt to respond to individual concerns and needs.

Along with this emphasis on individualization, each program also has common goals, mostly of a general nature--promoting independence, stimulating child development and the like. While common general goals are theoretically compatible with individualization of specific services, it is also quite possible that the profile of services that grows out of give-and-take between families and advocates will *not* reflect the program's stated priorities. The best example has already been discussed, namely the pre-emption of child development activities by crisis management and referrals for social services at some sites.

This issue translates into one of local program management. Directors and supervisory staff have to decide how much autonomy to allow advocates and how much control to impose. As indicated in Chapter 8, most of the sites appear to take a laissez-faire attitude toward supervision. Home visitors have substantial autonomy, and supervisors function as resource persons and advisors. Program administrators seem to have adopted this approach because of an understandable unwillingness to encroach on the one-to-one relationship between family workers and parents, which is universally recognized as essential to the success of the program. They have chosen to avoid the dangers of intrusion and regimentation and to accept the risk that program goals may be diluted or distorted in practice.

9.7 National Guidelines--Site Variation

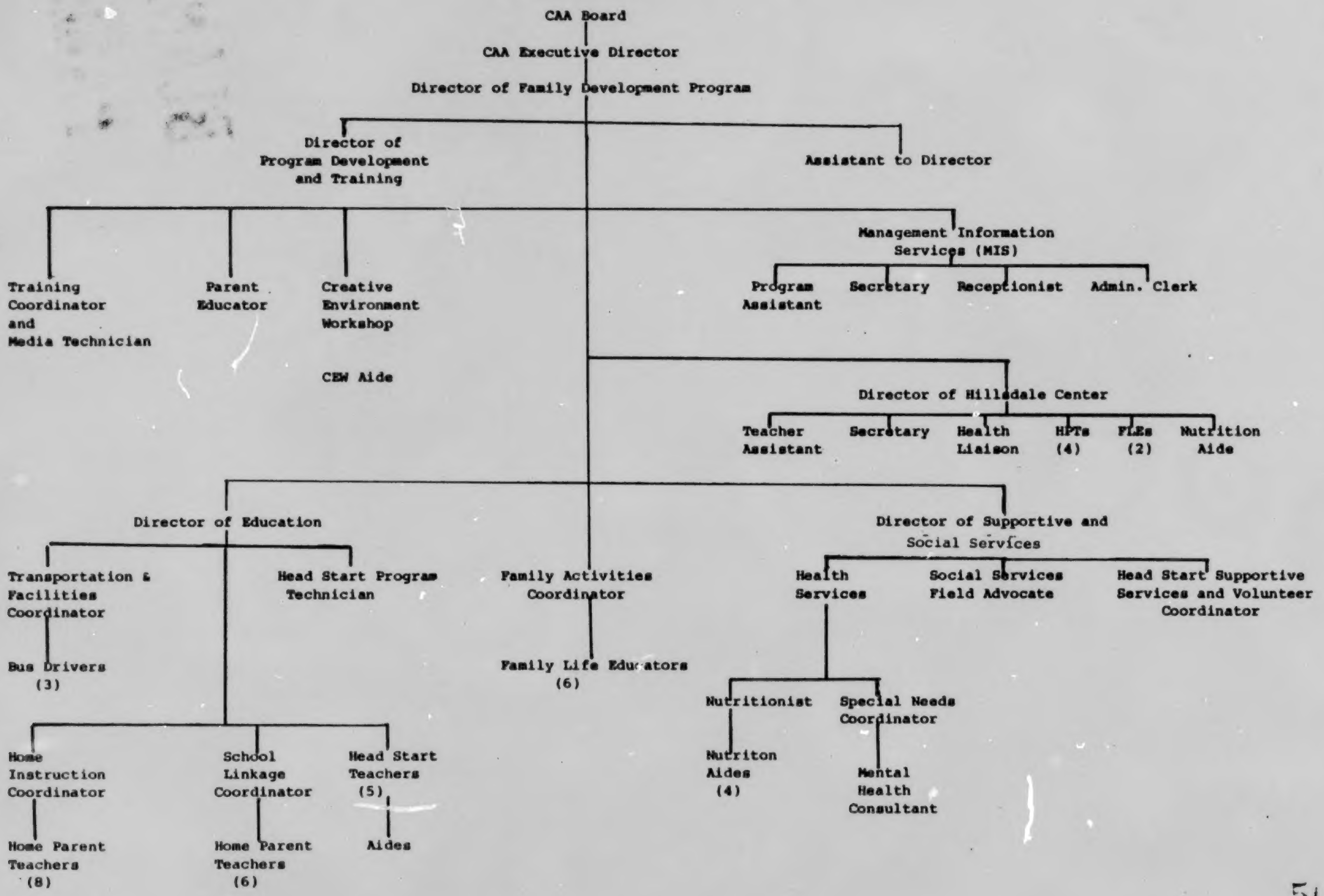
CFRP's grand design allows and encourages local programs to adapt themselves to local conditions. The wise conception underlying this aspect of the program is that local staff are far better able than program managers in Washington to evaluate local needs and resources and to structure programs accordingly. However, ACYF cannot take an entirely laissez-faire attitude toward local programs. The agency has its own mandate and its own priorities, and it is responsible for ensuring that activities carried out with its support at the local level are consistent with that mandate and those priorities. Thus the agency is faced with a choice: How much autonomy should it allow local programs, and how detailed should its prescriptions about local operations, contained in national program guidelines be? A related question is how the program should be evaluated: To what degree should evaluation reflect national priorities, and to what degree should it reflect local emphases and variations?

ACYF has in fact permitted a substantial amount of local autonomy in program design. The site reports document in considerable detail the variation in practices and operations that has resulted. Each program has adapted to its local culture in some unique way that could not be duplicated at another site. The multi-ethnic population of Las Vegas, Jackson's "new poor," St. Petersburg's enclave of black poverty in the midst of white affluence, the Oklahoma City program's political role within the CAP, Salem's rich network of social service agencies--all present special challenges and opportunities to which programs have responded.

On the other hand, the agency has exerted central control on some occasions, for example by issuing a directive mandating greater attention to child development. Also, the evaluations that have been conducted, including this one, have used uniform outcome measures chosen in consultation with national program managers. These have not always corresponded to local expectations and priorities. Programs have modified their operations in response to perceived criteria of evaluation, for example by increasing their emphasis on developmental services to infants and toddlers during the present study. As one ethnographer suggested (in a private communication) ACYF and the evaluation may have viewed the programs as variants of a single type or model, whereas the programs view themselves as distinct organisms that have evolved to fit their special environments.

This tension between national control and local autonomy will be confronted again, if and when ACYF decides to modify Head Start's guidelines to allow programs to incorporate some of CFRP's practices within Head Start's service package. If there is any overriding lesson to be drawn from the ethnographic study, it is that programs, when allowed local autonomy, will develop in unexpected ways that may not be fully consonant with national goals and expectations but may be well adapted to local needs and the desires of parents. National leadership can do a great deal to improve the management of CFRP or CFRP-like services within Head Start through establishment of guidelines about training, supervision, caseloads and the like. However, this is much to be said for CFRP's original emphasis on initiative and invention at the local level.

ORGANIZATIONAL STRUCTURE OF JACKSON'S CFRP


CAA Board
CAA Executive Director
Director of Family Development Program
Director of Program Development and Training
Assistant to Director
Training Coordinator and Media Technician
Parent Educator
Creative Environment Workshop
CEW Aide
Management Information Services (MIS)
Program Assistant
Secretary
Receptionist
Admin. Clerk
Director of Hillsdale Center
Teacher Assistant
Secretary
Health Liaison
HPTs (4)
FLEs (2)
Nutrition Aide
Director of Education
Director of Supportive and Social Services
Transportation & Facilities Coordinator
Head Start Program Technician
Family Activities Coordinator
Health Services
Social Services Field Advocate
Head Start Supportive Services and Volunteer Coordinator
Bus Drivers (3)
Family Life Educators (6)
Nutritionist
Special Needs Coordinator
Home Instruction Coordinator
School Linkage Coordinator
Head Start Teachers (5)
Nutriton Aides (4)
Mental Health Consultant
Home Parent Teachers (8)
Home Parent Teachers (6)
Aides

FAMILY CONTACT CONTROL SHEET

DATE	FAMILY	REGULAR VISIT	SPECIAL VISIT	OFFICE VISIT	TELEPHONE CALL	REQUEST FAMILY	REQUESTED BY:	NATURE OF VISIT	ACTION TAKEN	FOLLOW-UP, IF ANY	COMPLETED DATE

HOME VISITATION PROGRAM

Weekly Report

Week of Monday: ____________________

Date of Visit: ____________________

__________ Time: ____________________

Home Parent Teacher ____________________

Family: ____________________

Head Start Child: ____________________

Materials/Equipment:* ____________________

Activities Planned: ____________________

Goals/Objectives

Child: ____________________

Parent: ____________________

Evaluation: ____________________

Special Comments: ____________________

REG[illegible] II [illegible]UNT[illegible] ACT[illegible] AGE[illegible]
FAMILY DEVELOPMENT PROGRAM

FAMILY PROGRESS CHART

Family Name: ______________________________

FLE: ______________________________

STANDARD OF SATISFACTION:

STRENGTH													
ABOVE AVERAGE													
SATISFACTORY													
NEEDS ATTENTION													
CRITICAL NEED													
	INCOME/ EMPLOYMENT	EDUCATION/ TRAINING	HEALTH	MENTAL HEALTH/ PERSONAL	FAMILY RELATIONSHIPS/	PARENT/ CHILD REARING	CHILD DEVELOPMENT	COMMUNTIY RESOURCES/ SERVICES	LIVING SITUATION/ HOUSING	SPECIAL PROBLEMS	PROBLEM-SOLVING	INDEPENDENCE/ GOAL ATTAINMENT	

REGION II COMMUNITY ACTION AGENCY
FAMILY DEVELOPMENT PROGRAM
JACKSON, MICHIGAN
FAMILY PROFILE

FLE: ____________________

FAMILY CODE # ________

DATE: ____________

UPDATE: ____________

HEAD OF HOUSEHOLD:

Name ____________________ (Last) (First)

Social Security # ________ Home Phone Number ________

Address ____________________

Shelter Source: Own ________ Shelter Cost ________

Age ______ Race ________ Birthdate ________

Rent ________ Landlord ________

SPOUSE:

Does the family have adequate transportation? ________

Name ____________________ (Last) (First)

Other Adults living in the home:

Address ____________________

Name ____________ Relation ____________

Age ______ Race ________ Birthdate ________

Name ____________ Relation ____________

Are you or your spouse a veteran? Yes ______ No ______ Branch ____________

LEGAL GUARDIAN OF CHILDREN ____________________ Relationship ____________

Address ____________________ Phone ____________

Children in Home	Birthdate	Race	Sex	School	Grade
1.					
2.					
3.					
4.					
5.					
6.					
7.					

PRIMARY LANGUAGE USED IN THE HOME:

English ________ Spanish ________ Other ________

EMPLOYMENT - EDUCATION (ADULTS)

Name: ______________________________

Position in Household: __________________

High School/GED: Yes ___ No ___ Name School ________________ Grade Completed _____ Graduated ___________

College Attendance: # Years _______ Name School _________________________ Degree ______________

Name: ______________________________

Position in Household: __________________

High School/GED: Yes ___ No ___ Name School ________________ Grade Completed _____ Graduated ___________

College Attendance: # Years _______ Name School _________________________ Degree ______________

EMPLOYERS OR TRAINING PROGRAMS OF ADULTS IN HOUSEHOLD:

	(Last) NAME (First)	Soc. Sec. #	Type	Employer
1.				
2.				

If parent working - child care system ____

What are your feelings about your present job?

Have you ever wanted more education or job training?

Would you want to continue now?

What level or job skill would you like to reach?

CODES: TYPE OF EMPLOYMENT

1. Permanent
2. Temporary
3. Unemployed
4. Not in Work Force
5. Disabled - but employed
6. Disabled - not employed
7. Retired
8. Job Training

FULL TIME - (FT)

PART TIME - (PT)

SEASONAL - (S)

TOTAL INCOME OF THE FAMILY	AMOUNT
Employment	
Unemployment	
ADC - ADCU	
Social Security	
Veteran's Pension	
No Income Source	
Other (specify)	

Service History

FAMILY PROFILE - FDP

Family Member:	AFDC/G.A.	Food Stamps	Medicaid	Protective Services	WIC	CETA - (other than CAA)	C.A.A. Employment & Training	Vocational Rehabilitation	Well Baby Clinic - DPH Immunization	Child and Family Service	Beth Moser Clinic	Big Brother/Big Sister	Legal Aid	Visitation Nurse - DPH	Emergency Counseling	Drug Free Clinic	AA - Alcoholism	Goodwill Industries	Catholic Social Service	Finance Counseling	Crippled Children	S.S. Survivors - Dept. Child/S.S. I. S.S. - Retirement	Jr. Dorcas	Seventh Day Adventist S.S. St. Vincent De Paul		

REGION II COMMUNITY ACTION AGENCY
FAMILY DEVELOPMENT PROGRAM

FAMILY PROFILE

HOUSING

Apartment__________ Rural__________
House__________ Urban__________

Do you feel your family has sufficient space? (i.e. bedroom space, bathrooms, play areas, etc.)

YES_____ NO_____

Do you have any problems with the maintenance or condition of your apartment or home? (plumbing, wiring, heating or general repair)

YES_______ NO_______
Does the landlord respond to these problems?
YES_______ NO_______

If you own your home, do you have: Mortgate__________ Land Contract__________

If you rent, do you rent from a: Private owner______
Corporate owner______
Family member______
Public Housing_______
Subsidized housing______

Monthly/Weekly
____ | ____

Has housing been a problem for you in the past?

Are you interested in different housing?

Do you have any other housing needs/concerns? (i.e. storage space, decorating, energy, household pests and rodents)

REGION II COMMUNITY ACTION AGENCY
FAMILY DEVELOPMENT PROGRAM

FAMILY PROFILE

NEIGHBORHOOD

What is the general appearance of your neighborhood?

Are there any concerns you have about your neighborhood? (i.e. vacant lots, dumps, vacant houses, construction sites)

Could improvements be made in your neighborhood? (street lighting, paving, sidewalks, etc.)

Do you feel crime is a problem in your neighborhood? (i.e. drugs, assaults, molestings)

Are there recreational facilities close to your home? YES_____ NO_____

Does your family use these parks, playgrounds, swimming pools, gyms, etc. (Martin Luther King Center, Loomis Park, Ella Sharp Park, Housing Project, Boos Rec. Center, etc.)

REGION II COMMUNITY ACTION AGENCY
FAMILY DEVELOPMENT PROGRAM

TRANSPORTATION

What transportation service do you use?

	Always	Occasionally	Never
Private car			
Buses			
Taxi			

Do you have transportation? Daily______
Weekly_____
Seldom_____
Never______

What are your major problems with transportation?

Do you have your driver's license? YES____ NO_____ Would you like to get your license? YES_____ NO____

SPENDING PATTERNS

	Mostly	Sometimes	Seldom
Do you buy groceries?			
Daily			
Weekly			
Bi-Weekly			
When needed			
Do you use:			
Roadside Markets			
Raise Vegetables-Fruits			
Co-op			

Are you interested in learning to can or freeze foods, gardening, planning menus, etc.?

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FAMILY DEVELOPMENT PROGRAM

SPENDING PATTERNS

Finances are a problem for many people. What areas are of concern to your family?

Lay-a-ways ______________
Charge accounts _________
Charge cards _________
Loans _________
(friends) _________

Time Payments _________
Car payment _________
House _________

Appliances/
Furniture _________

Do you feel "in debt" or "behind in payments"?

Are you interested in help with budgeting?

For major purchases (such as appliances, etc.) do you usually

1) Save in advance and pay cash _____
2) Buy when you want the item and make payments _____
3) Buy as an emergency replacement and make payments _____
4) Borrow from a relative or friend to pay cash and repay loan later _____
5) Other (explain)

Do you read newspaper ads and shop around for clothes, household items, etc.? Do you often buy "ON SALE" items?

Do you shop at garage sales, auctions, etc.?

REGION II COMMUNITY ACTION AGENCY
FAMILY DEVELOPMENT PROGRAM

SOCIAL INTERACTION

Are you or your spouse registered to vote? YES______ NO______

(If not, would you like to register to vote?) YES______ NO______

Last Election voted ________________

Have you ever contacted a Politician to voice your concerns? YES____ NO____

Would you like to? YES____ NO____

Do you keep up with news by:

	No	Sometimes	Usually
Watching T.V.			
Local radio programs			
Local Newspaper			
Blazer			
Citizen Patriot			
Legal News			
Neighbors			
Organizations			

REGION II COMMUNITY ACTION AGENCY
FAMILY DEVELOPMENT PROGRAM

SOCIAL INTERACTION

	No	Know Name	Children Play Together	Visit Each Other
Do you know your:				
Apartment residents: ---------				
Next door neighbors: ---------				

FAMILY

YOUR FAMILY Family member: (mother) (father) (sister, etc.)	Regularly Daily Weekly	Occasionally Monthly 4-5 times a year	Never
Visit Relatives (out of town)			
Visit Relatives (local)			
SPOUSE'S FAMILY Family member: (mother) (father) (sister, etc.)			
Visit Relatives (out of town)			
Visit Relatives (local)			

* What family member is most helpful to you?
COMMENTS:

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SOCIAL INTERACTION

Do you or any family member belong to any clubs or social groups? (i.e. bowling, softball, bar, Y-Center, card club, Welfare Rights, NAACP, King Center, Girl/Boy Scouts, Falcons, church activities, etc.)

Are you an active member?

Are you enrolled/participating in a class or interest group? (CAA Creative Workshop, Adult Basic Education, Jackson Community College, Jackson Business University, Adult Enrichment, Community Center, etc.) Are you interested in enrolling in any of these?

Do you have a particular hobby or leisure activity? (Sewing, cooking, reading, sports, etc.)

Do you do these hobbies as often as you'd like?

Are there any hobbies you would like to learn?

SOCIAL INTERACTION

SCHOOLS

If you have school-age children, have you attended or participated at your child's school? (Name of School ______________________________

	NO	YES
Kindergarten Round-Up		
PTA-PTO Meetings		
Teacher Conferences		
Classroom Events		
Visited Classroom		
Meet With Teacher/Principal		

Would you like to be involved in School Activities?

Do you have any concerns regarding your school-age child?

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FAMILY DEVELOPMENT PROGRAM

FAMILY INTERACTIONS

What words would best describe your family? (Examples: quiet, close-knit, active, out-going, changing, demanding, conflicting)

What is there about your family you really enjoy?

How would you like your family to be different?

Does your family do daily activities together? (Eat meals, watch T.V., play games,etc.)

Does your family do special activities together? (Go to park, visit out-of-town relatives, etc.)

Is there something special (or somewhere special) that you would like to do as a family?

As a family unit, what do you feel is your family biggest problem?

If you had a serious problem in your family, who would you most likely talk to? (a relative, minister, doctor, social worker, friend, etc.)

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FAMILY DEVELOPMENT PROGRAM

FAMILY - ROLE INTERACTION

DUTIES:	FATHER	MOTHER	BOTH	OTHER ADULT	CHILDREN
Works outside of home					
Pays bills					
Cooking					
Cleaning of home					
Care of yard					
Laundry					
Care of children					
Discipline children					
Home repair					
Shopping-groceries					
Shopping -clothing					
Contact School Contact Doctor, Health Dept.					
Go to social agencies (Dept. of S.S., W.I.C., etc.)					

Briefly describe how these duties are assigned.

Are there other adults in the family other than spouse? (grandparents, in-laws, etc.)

Explain how decisions are made, such as sharing incomes, sharing expenses, household duties, etc.)

REGION II COMMUNITY ACTION AGENCY
FAMILY DEVELOPMENT PROGRAM

SPOUSE INTERACTION

How would describe your relationship?

Do you talk together about activities, problems, children, etc. Do you feel you need more time for these discussions?

What activities/hobbies do you enjoy together?

When was the last time you and your spouse did this?

Do you and your spouse have sufficient time away from each other to explore own interests/hobbies?

What area would you like to see your relationship improve?

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FAMILY DEVELOPMENT PROGRAM

SELF-CONCEPT

How would you describe yourself? (i.e. What do you like/dislike about yourself? What makes you happy/depressed?)

What is important in your life? Who is important in your life?

What goals would you like to set for yourself?

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FAMILY DEVELOPMENT PROGRAM

SELF-CONCEPT

What kind of adult would you like your child to be?

What would you like others to say about him/her?

What can the Family Development Program do to help your child become the person you envision?

Family as a Goal-Seeking System

- A. Functioning internal to family system
  - 1. Family unit interrelations
    - a. Family strengths
    - b. Family dysfunctions
    - c. Total unit interaction
    - d. Sibling - parent interaction
    - e. Sibling interaction ,
    - f. Social roles
    - g. Discipline patterns
    - h. Group - self concept
    - i. Internal criteria variables
    - j. Extended family influence
  - 2. Head of household and/or spouse profile
    - a. Marital relationship
    - b. Self - concept
    - c. Social roles
    - d. Education
    - e. Employment
    - f. Internal criteria variables
  - 3. Child profile (0-8 years)
    - a. Individual behavior
    - b. Parent - child interaction
    - c. Sibling interaction
    - d. School - child interaction
    - e. Internal criteria variables
- B. Functioning external to family system
  - 1. Social interaction
    - a. Community agency contacts
    - b. Neighborhood contacts
    - c. Church affiliation
    - d. Clubs and organizations
    - e. Political involvement
    - f. Contacts with extended family
    - g. External goal-seeking criteria
  - 2. Environmental
    - a. Housing
    - b. Income maintenance
    - c. Health
    - d. Household management
    - e. Local environment
    - f. Consumerism
    - g. External goal-seeking criteria

[illegible]

[illegible]

[illegible]: ______________________________

FILE: ______________________________

Date: ______________________________

[illegible] the family's developmental goals is function in these areas?

Family		FDP		Community Agencies		PRIORITY Consensus	DOMAIN	NEEDS	CONCERN/ SATISFACTION	STRENGTH	Standard of Satisfaction	Developmental Goal
I	NI	I	NI	I	NI							
							INCOME/ EMPLOYMENT					
							EDUCATION/ TRAINING					
							HEALTH					
							MENTAL HEALTH/ PERSONAL					
							FAMILY RELATIONSHIPS/SUPPORTIVE EXTENDED FAMILY					
							PARENTING/ CHILD REARING					
							CHILD DEVELOPMENT					
							COMMUNITY RESOURCES/ SERVICES					
							LIVING SITUATION/ HOUSING					
							SPECIAL PROBLEMS					
							PROBLEM-SOLVING					
							INDEPENDENCE GOAL ATTAINMENT					

FDP/PS-1[illegible] 3/[illegible]

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REGION II COMMUNITY ACTION AGENCY
FAMILY DEVELOPMENT PROGRAM

DEVELOPMENTAL ACTION PLAN

Family Name: ______________________

Child Name ______________________ **#** ________

Family Life Educator ______________________

Date: ______________________

Time Frame: ______________________

Assessed Need	Developmental Goal/ Objective	Required Activities	Supportive Services	Responsibility	Resources	Standard of Satisfaction	Progress/ Completion

REGION II COMMUNITY ACTION AGENCY
FAMILY DEVELOPMENT PROGRAM

SIX MONTH DEVELOPMENTAL PLAN

BASED ON PORTAGE GUIDE TO EARLY EDUCATION

CHILD'S NAME ____________________ DATE

BIRTH DATE ____________________ PARENTS NAME

DEVELOPMENTAL AREAS	NO.	DATE ACHIEVED	DEVELOPMENTAL GOALS
SOCIALIZATION			
LANGUAGE			
SELF-HELP			
COGNITIVE			
MOTOR			

REVISED 10/9/79

[illegible] 014 (10/79)

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Family Name ____________ CHILD ____________ TEACHER ____________

60 Mos.						
5 Years						
54 Mos.						
4 Years						
42 Mos.						
3 Years						
30 Mos						
2 Years						
18 Mos.						
1 Year						
6 Mos.						
Infant						
	Infant Stimulation	Socialization	Language	Self Help	Cognitive	Moter

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[illegible] AGENCY
[illegible]

GOAL DEVELOPMENT SHEET

Family Name: ______________________

FLE: ______________________

Date: ______________________

How important to the family's developmental goals is function in these areas?

Family		FDP		Community Agencies		PRIORITY Consensus	DOMAIN	NEEDS	CONCERN/ SATISFACTION	STRENGTH	Standard of Satisfaction	Developmental Goal
I	NI	I	NI	I	NI							
							INCOME/ EMPLOYMENT					
							EDUCATION/ TRAINING					
							HEALTH					
							MENTAL HEALTH/ PERSONAL					
							FAMILY RELATIONSHIPS/SUPPORTIVE EXTENDED FAMILY					
							PARENTING/ CHILD REARING					
							CHILD DEVELOPMENT					
							COMMUNITY RESOURCES/ SERVICES					
							LIVING SITUATION/ HOUSING					
							SPECIAL PROBLEMS					
							PROBLEM-SOLVING					
							INDEPENDENCE GOAL ATTAINMENT					

FDP/HA-1[illegible] 3/78

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REGION II COMMUNITY ACTION AGENCY
FAMILY DEVELOPMENT PROGRAM

DEVELOPMENTAL ACTION PLAN

Family Name: ______________________

Child Name ______________________ **#** ________

Family Life Educator ______________________

Date: ______________________

Time Frame: ______________________

Assessed Need	Developmental Goal/ Objective	Required Activities	Supportive Services	Responsibility	Resources	Standard of Satisfaction	Progress/ Completion

REGION II COMMUNITY ACTION AGENCY
FAMILY DEVELOPMENT PROGRAM

SIX MONTH DEVELOPMENTAL PLAN

BASED ON PORTAGE GUIDE TO EARLY EDUCATION

CHILD'S NAME____________________ DATE ____________________
BIRTH DATE____________________ PARENTS NAME ____________________

DEVELOPMENTAL AREAS	NO.	DATE ACHIEVED	DEVELOPMENTAL GOALS
SOCIALIZATION			
LANGUAGE			
SELF-HELP			
COGNITIVE			
MOTOR			

REVISED 10/9/79

[illegible] 014 (10/79)

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*Family Name ______________ [illegible] ______________ TEACHER ______________

	Infant Stimulation	Socialization	Language	Self Help	Cognitive	Motor
66 Mos.						
5 Years						
54 Mos.						
4 Years						
42 Mos.						
3 Years						
30 Mos						
2 Years						
18 Mos.						
1 Year						
6 Mos.						
Infant						

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FA-[illegible]

Portage Project, CESA 12, Box 564, Portage, Wisconsin 53901, U.S.A.

Portage Guide To Early Education

Child's Name ____________

D.O.B. ____________

Instructor ____________
Program Year ____________

Instructor ____________
Program Year ____________

Instructor ____________
Program Year ____________

S. Bluma, M. Shearer, A. Frohman, and J. Hilliard

CHECKLIST

information log

Child's Age	Event	Date Accomplished	Comments

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infant stimulation

Age Level	Card	Behavior	Entry Behavior	Date Achieved	Comments
Infant	28	Moves head while lying on stomach, up, down, side to side		/ /	
	29	Swipes at objects		/ /	
	30	Holds head up while on stomach, 5 seconds		/ /	
	31	Follows object with eyes across 180° arc		/ /	
	32	Searches for sound by turning head in direction of sound		/ /	
	33	Controls head and shoulders when sitting propped with pillow		/ /	
	34	Coos and gurgles when content		/ /	
	35	Reaches for object and attempts to grasp it		/ /	
	36	Holds head erect and steadily while being carried upright		/ /	
	37	Holds object using palmar grasp 30 seconds with involuntary release		/ /	
	38	Repeats own sound		/ /	
	39	Holds head and chest erect while on stomach and supported on forearms		/ /	
	40	Opens mouth when he sees spoonful of food		/ /	
	41	Laughs		/ /	
	42	Shows recognition of family member by smiles or cessation of crying		/ /	
	43	Attempts to roll over using shoulders		/ /	
	44	Moves thumb in opposition to other four fingers		/ /	
	45	Babbles (series of syllables)		/ /	

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infant stimulation

Age Level	Card	Behavior	Entry Behavior	Date Achieved	Comments
Infant	1	General visual stimulation (Under six weeks)		/ /	
	2	General visual stimulation (six weeks and older)		/ /	
	3	General tactile stimulation (Under six weeks)		/ /	
	4	General tactile stimulation (six weeks and older)		/ /	
	5	General auditory stimulation (Under six weeks)		/ /	
	6	General auditory stimulation (six weeks and older)		/ /	
	7	Sucks		/ /	
	8	Moves head to side while lying on back		/ /	
	9	Opens mouth for bottle or breast when nipple touches mouth		/ /	
	10	Indicates sensitivity to body contact by quieting, crying, or body movement		/ /	
	11	Turns head toward nipple when his cheek is touched		/ /	
	12	Looks in direction of sound or changes body movement in response to sound		/ /	
	13	Looks at person attempting to gain his attention by talking or movement		/ /	
	14	Quiets or changes body movement in response to presence of person		/ /	
	15	Shows by body movements or cessation of crying, response to adult voice		/ /	
	16	Lifts and momentarily supports head when held with head at shoulder		/ /	
	17	Cries differentially due to different discomforts		/ /	
	18	Falls asleep at appropriate times		/ /	
	19	Thrusts arms about—no direction		/ /	
	20	Follows an object, visually, moved past midline of body		/ /	
	21	Smiles		/ /	
	22	Follows light with eyes, turning head		/ /	
	23	Follows sound, moving head		/ /	
	24	Regards hand		/ /	
	25	Kicks vigorously while on back		/ /	
	26	Opens mouth, begins sucking prior to nipple touching mouth		/ /	
	27	Maintains eye contact 3 seconds		/ /	

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Age Level	Card	Behavior	Entry Behavior	Date Achieved	Comments
0-1	1	Watches person moving directly in line of vision		/ /	
	2	Smiles in response to attention by adult		/ /	
	3	Vocalizes in response to attention		/ /	
	4	Looks at own hands, often smiles or vocalizes		/ /	
	5	Responds to being in family circle by smiling, vocalizing, or ceasing to cry		/ /	
	6	Smiles in response to facial expression of others		/ /	
	7	Smiles and vocalizes to mirror image		/ /	
	8	Pats and pulls at adult facial features (hair, nose, glasses, etc.)		/ /	
	9	Reaches for offered object		/ /	
	10	Reaches for familiar persons		/ /	
	11	Reaches for, and pats at mirror image or another infant		/ /	
	12	Holds and examines offered object for at least a minute		/ /	
	13	Shakes or squeezes object placed in hand, making sounds unintentionally		/ /	
	14	Plays unattended for 10 minutes		/ /	
	15	Seeks eye contact often when attended for 2-3 minutes		/ /	
	16	Plays alone contentedly near adult activity 15-20 minutes		/ /	
	17	Vocalizes to gain attention		/ /	
	18	Imitates peek-a-boo		/ /	
	19	Claps hands, (pat-a-cake) in imitation of adult		/ /	
	20	Waves bye-bye in imitation of adult		/ /	
	21	Raises arms—"so big" in imitation of adult		/ /	
	22	Offers toy, object, bit of food to adult, but does not always release it		/ /	
	23	Hugs, pats, kisses familiar persons		/ /	
	24	Shows response to own name by looking or reaching to be picked up		/ /	
	25	Squeezes or shakes toy to produce sound in imitation		/ /	
	26	Manipulates toy or object		/ /	
	27	Extends toy or object to adult and releases		/ /	

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socialization

Age Level	Card	Behavior	Entry Behavior	Date Achieved	Comments
	28	Imitates movements of another child at play		/ /	
1-2	29	Imitates adult in simple task (shakes clothes, pulls at bedding, holds silverware)		/ /	
	30	Plays with one other child, each doing separate activity		/ /	
	31	Takes part in game, pushing car or rolling ball with another child 2-5 minutes		/ /	
	32	Accepts parents' absence by continuing activities, may momentarily fuss		/ /	
	33	Actively explores his environment		/ /	
	34	Takes part in manipulative game (pulls string, turns handle) with another person		/ /	
	35	Hugs and carries doll or soft toy		/ /	
	36	Repeats actions that produce laughter and attention		/ /	
	37	Hands book to adult to read or share with him		/ /	
	38	Pulls at another person to show them some action or object		/ /	
	39	Withdraws hand, says "no-no" when near forbidden object with reminders		/ /	
	40	Waits for needs to be met when placed in high chair or on changing table		/ /	
	41	Plays with 2 or 3 peers		/ /	
	42	Shares object or food when requested with one other child		/ /	
	43	Greets peers and familiar adults when reminded		/ /	
2-3	44	Cooperates with parental request 50% of the time		/ /	
	45	Can bring or take object or get person from another room on direction		/ /	
	46	Attends to music or stories 5-10 minutes		/ /	
	47	Says "please" and "thank you" when reminded		/ /	
	48	Attempts to help parent with tasks by doing a part of the chore (holding dust pan)		/ /	
	49	Plays "dress-up" in adult clothes		/ /	
	50	Makes a choice when asked		/ /	
	51	Shows understanding of feelings by verbalizing love, mad, sad, laugh, etc.		/ /	
3-4	52	Sings and dances to music		/ /	
	53	Follows rules by imitating actions of other children		/ /	
	54	Greets familiar adults without reminder		/ /	

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Age Level	Card	Behavior	Entry Behavior	Date Achieved	Comments
	55	Follows rules in group games led by adult		/ /	
	56	Asks permission to use toy that peer is playing with		/ /	
	57	Says "please" and "thank you" without reminder 50% of the time		/ /	
	58	Answers telephone, calls for adult or talks to familiar person		/ /	
	59	Will take turns		/ /	
	60	Follows rules in group games led by an older child		/ /	
	61	Cooperates with adult requests 75% of the time		/ /	
	62	Stays in own yard area		/ /	
	63	Plays near and talks with other children when working on own project (30 minutes)		/ /	
4-5	64	Asks for assistance when having difficulty (with bathroom or getting a drink)		/ /	
	65	Contributes to adult conversation		/ /	
	66	Repeats rhymes, song, or dances for others		/ /	
	67	Works alone at chore for 20-30 minutes		/ /	
	68	Apologizes without reminder 75% of the time		/ /	
	69	Will take turns with 8-9 other children		/ /	
	70	Plays with 2-3 children for 20 minutes in co-operative activity, (project or game)		/ /	
	71	Engages in socially acceptable behavior in public		/ /	
	72	Asks permission to use objects belonging to others 75% of the time		/ /	
5-6	73	States feelings about self: mad, happy, love		/ /	
	74	Plays with 4-5 children on co-operative activity without constant supervision		/ /	
	75	Explains rules of game or activity to others		/ /	
	76	Imitates adult roles		/ /	
	77	Joins in conversation at mealtime		/ /	
	78	Follows rules of verbal reasoning game		/ /	
	79	Comforts playmates in distress		/ /	
	80	Chooses own friends		/ /	
	81	Plans and builds using simple tools (inclined planes, fulcrum, lever, pulley)		/ /	

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language

Age Level	Card	Behavior	Entry Behavior	Date Achieved	Comments
0-1	1	Repeats sound made by others		/ /	
	2	Repeats same syllable 2-3 times (ma, ma, ma)		/ /	
	3	Responds to gestures with gestures		/ /	
	4	Carries out simple direction when accompanied by gestures		/ /	
	5	Stops activity at least momentarily when told "no" 75% of the time		/ /	
	6	Answers simple questions with non-verbal response		/ /	
	7	Combines two different syllables in vocal play		/ /	
	8	Imitates voice intonation patterns of others		/ /	
	9	Uses single word meaningfully to label object or person		/ /	
	10	Vocalizes in response to speech of other person		/ /	
1-2	11	Says five different words (may use the same word to refer to different objects)		/ /	
	12	Asks for "more"		/ /	
	13	Says "all gone"		/ /	
	14	Follows 3 different one step directions without gestures		/ /	
	15	Can "give me" or "show me" upon request		/ /	
	16	Points to 12 familiar objects when named		/ /	
	17	Points to 3-5 pictures in a book when named		/ /	
	18	Points to 3 body parts on self		/ /	
	19	Says his own name or nickname upon request		/ /	
	20	Answers question "what's this?" with object name		/ /	
	21	Combines use of words and gestures to make wants known		/ /	
	22	Names 5 other family members including pets		/ /	
	23	Names 4 toys		/ /	
	24	Produces animal sound or uses sound for animal's name (cow is "moo-moo")		/ /	
	25	Asks for some common food items by name when shown (milk, cookie, cracker)		/ /	
	26	Asks questions by a rising intonation at end of word or phrase		/ /	
	27	Names 3 body parts on a doll or other person		/ /	

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Age Level	Card	Behavior	Entry Behavior	Date Achieved	Comments
	28	Answers yes/no question with affirmative or negative reply		/ /	
2-3	29	Combines noun or adjective and noun in two word phrase (ball chair) (my ball)		/ /	
	30	Combines noun and verb in two word phrase (daddy go)		/ /	
	31	Uses word for bathroom need		/ /	
	32	Combines verb or noun with "there" "here" in 2 word utterance (chair here)		/ /	
	33	Combines 2 words to express possession (daddy car)		/ /	
	34	Uses "no" or "not" in speech		/ /	
	35	Answers question "what's ——doing?" for common activities		/ /	
	36	Answers "where" questions		/ /	
	37	Names familiar environmental sounds		/ /	
	38	Gives more than one object when asked using plural form (blocks)		/ /	
	39	Refers to self by own name in speech		/ /	
	40	Points to picture of common object described by its use (10)		/ /	
	41	Holds up fingers to tell age		/ /	
	42	Tells sex when asked		/ /	
	43	Carries out a series of two related commands		/ /	
	44	Uses "ing" verb form (running)		/ /	
	45	Uses regular plural forms (book/books)		/ /	
	46	Uses some irregular past tense forms consistently (went, did, was)		/ /	
	47	Asks question, "What's this (that)?"		/ /	
	48	Controls voice volume 90% of the time		/ /	
	49	Uses "this" and "that" in speech		/ /	
	50	Uses "is" in statements (this is ball)		/ /	
	51	Says "I, me, mine" rather than own name		/ /	
	52	Points to object that "is not———" (is not a ball)		/ /	
	53	Answers "who" question with name		/ /	
	54	Uses possessive form of nouns (daddy's)		/ /	

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language

Age Level	Card	Behavior	Entry Behavior	Date Achieved	Comments
	55	Uses articles: the, a in speech		/ /	
	56	Uses some class names (toy, animal, food)		/ /	
	57	Says "can" and "will" occasionally		/ /	
	58	Describes items as open or closed		/ /	
3-4	59	Says "is" at beginning of questions when appropriate		/ /	
	60	Will attend for five minutes while story is read		/ /	
	61	Carries out series of two unrelated commands		/ /	
	62	Tells full name when requested		/ /	
	63	Answers simple "how" questions		/ /	
	64	Uses regular past tense forms (jumped)		/ /	
	65	Tells about immediate experiences		/ /	
	66	Tells how common objects are used		/ /	
	67	Expresses future occurrences with "going to," "have to," "want to"		/ /	
	68	Changes word order appropriately to ask questions (can I, does he)		/ /	
	69	Uses some common irregular plurals (men, feet)		/ /	
	70	Tells two events in order of occurrence		/ /	
4-5	71	Carries out a series of 3 directions		/ /	
	72	Demonstrates understanding of passive sentences (boy hit girl, girl was hit by boy)		/ /	
	73	Can find a *pair* of objects/pictures on request		/ /	
	74	Uses "could" and "would" in speech		/ /	
	75	Uses compound sentences (I hit the ball and it went in the road)		/ /	
	76	Can find *top* and *bottom* of items on request		/ /	
	77	Uses contractions can't, don't, won't		/ /	
	78	Can point out absurdities in picture		/ /	
	79	Uses words sister, brother, grandmother, grandfather		/ /	
	80	Tells final word in opposite analogies		/ /	
	81	Tells familiar story without pictures for cues		/ /	

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language

Age Level	Card	Behavior	Entry Behavior	Date Achieved	Comments
	82	Names picture that does not belong in particular class (one that's not an animal)		/ /	
	83	Tells whether or not 2 words rhyme		/ /	
	84	Uses complex sentences (She wants me to come in because ________)		/ /	
	85	Can tell whether sound is loud or soft		/ /	
5-6	86	Can point to some, many, several		/ /	
	87	Tells address		/ /	
	88	Tells telephone number		/ /	
	89	Can point to most, least, few		/ /	
	90	Tells simple jokes		/ /	
	91	Tells daily experiences		/ /	
	92	Describes location or movement through, away, from, toward, over		/ /	
	93	Answers why question with an explanation		/ /	
	94	Puts together and tells 3-5 part sequence story		/ /	
	95	Defines words		/ /	
	96	Can "tell me the opposite of ________"		/ /	
	97	Answers question "what happens if . . . (you drop an egg)?"		/ /	
	98	Uses yesterday and tommorrow meaningfully		/ /	
	99	Asks meaning of new or unfamiliar words		/ /	

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self-help

Age Level	Card	Behavior	Entry Behavior	Date Achieved	Comments
0-1	1	Sucks and swallows liquid		/ /	
	2	Eats liquified foods, i.e. baby cereal		/ /	
	3	Reaches for bottle		/ /	
	4	Eats strained foods fed by parent		/ /	
	5	Holds bottle without help while drinking		/ /	
	6	Directs bottle by guiding it toward mouth or by pushing it away		/ /	
	7	Eats mashed table foods fed by parent		/ /	
	8	Drinks from cup held by parent		/ /	
	9	Eats semi-solid foods fed by parent		/ /	
	10	Feeds self with fingers		/ /	
	11	Holds and drinks from cup using two hands		/ /	
	12	Takes spoon filled with food to mouth with help		/ /	
	13	Holds out arms and legs while being dressed		/ /	
1-2	14	Eats table food with spoon independently		/ /	
	15	Holds and drinks from cup with one hand		/ /	
	16	Puts hands in water and pats wet hands on face in imitation		/ /	
	17	Sits on potty or infant toilet seat for 5 minutes		/ /	
	18	Puts hat on head and takes it off		/ /	
	19	Pulls off socks		/ /	
	20	Pushes arms through sleeves, legs through pants		/ /	
	21	Takes off shoes when laces are untied and loosened		/ /	
	22	Takes off coat when unfastened		/ /	
	23	Takes off pants when unfastened		/ /	
	24	Zips and unzips large zipper without working catch		/ /	
	25	Uses words or gestures indicating need to go to bathroom		/ /	
2-3	26	Feeds self using spoon and cup with some spilling		/ /	
	27	Takes towel from parent and wipes hands and face		/ /	

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Age Level	Card	Behavior	Entry Behavior	Date Achieved	Comments
	28	Sucks liquid from glass or cup using straw		/ /	
	29	Scoops with fork		/ /	
	30	Chews and swallows only edible substances		/ /	
	31	Dries hands without help when given towel		/ /	
	32	Asks to go to bathroom, even if too late to avoid accidents		/ /	
	33	Controls drooling		/ /	
	34	Urinates or defecates in potty three times per week when placed on potty		/ /	
	35	Puts on shoes		/ /	
	36	Brushes teeth in imitation		/ /	
	37	Takes off simple clothing that has been unfastened		/ /	
	38	Uses bathroom for bowel movements, one daytime accident per week		/ /	
	39	Gets drink from faucet without help, when stool or steps are provided		/ /	
	40	Washes hands and face using soap when adult regulates water		/ /	
	41	Asks to go to bathroom during day in time to avoid accidents		/ /	
	42	Places coat on hook placed at child's height		/ /	
	43	Stays dry during naps		/ /	
	44	Avoids hazards such as sharp furniture corners, open stairs		/ /	
	45	Uses napkin when reminded		/ /	
	46	Stabs food with fork and brings to mouth		/ /	
	47	Pours from small pitcher (6-8 oz.) into glass without help		/ /	
	48	Unfastens snaps on clothing		/ /	
	49	Washes own arms and legs while being bathed		/ /	
	50	Puts on socks		/ /	
	51	Puts on coat, sweater, shirt		/ /	
	52	Finds front of clothing		/ /	
3-4	53	Feeds self entire meal		/ /	
	54	Dresses self with help on pullover shirts and all fasteners		/ /	

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self-help

Age Level	Card	Behavior	Entry Behavior	Date Achieved	Comments
	55	Wipes nose when reminded		/ /	
	56	Wakes up dry two mornings out of seven		/ /	
	57	Males urinate in toilet standing up		/ /	
	58	Initiates and completes dressing and undressing except fasteners 75% of time		/ /	
	59	Snaps or hooks clothing		/ /	
	60	Blows nose when reminded		/ /	
	61	Avoids common dangers (i.e., broken glass)		/ /	
	62	Puts coat on hanger and replaces hanger on low bar with instructions		/ /	
	63	Brushes teeth when given verbal instructions		/ /	
	64	Puts on mittens		/ /	
	65	Unbuttons large buttons on button board or jacket placed on table		/ /	
	66	Buttons large buttons on button board or jacket placed on table		/ /	
	67	Puts on boots		/ /	
4-5	68	Cleans up spills, getting own cloth		/ /	
	69	Avoids poisons and all harmful substances		/ /	
	70	Unbuttons own clothing		/ /	
	71	Buttons own clothing		/ /	
	72	Clears place at table		/ /	
	73	Puts zipper foot in catch		/ /	
	74	Washes hands and face		/ /	
	75	Uses correct utensils for food		/ /	
	76	Wakes from sleep during night to use toilet or stays dry all night		/ /	
	77	Wipes and blows nose 75% of the time when needed without reminders		/ /	
	78	Bathes self except for back, neck, and ears		/ /	
	79	Uses knife for spreading soft toppings on toast		/ /	
	80	Buckles and unbuckles belt on dress or pants and shoes		/ /	
	81	Dresses self completely, including all front fastenings except ties		/ /	

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Age Level	Card	Behavior	Entry Behavior	Date Achieved	Comments
	82	Serves self at table, parent holds serving dish		/ /	
	83	Helps set table by correctly placing plates, napkins, and utensils with verbal cues		/ /	
	84	Brushes teeth		/ /	
	85	Goes to bathroom in time, undresses, wipes self, flushes toilet, and dresses unaided		/ /	
	86	Combs or brushes long hair		/ /	
	87	Hangs up clothes on hanger		/ /	
	88	Goes about neighborhood without constant supervision		/ /	
	89	Laces shoes		/ /	
	90	Ties shoes		/ /	
5-6	91	Is responsible for one weekly household task and does it upon request		/ /	
	92	Selects appropriate clothing for temperature and occasion		/ /	
	93	Stops at curb, looks both ways, and crosses street without verbal reminders		/ /	
	94	Serves self at table and passes serving dish		/ /	
	95	Prepares own cold cereal		/ /	
	96	Is responsible for one daily household task (i.e., setting table, taking out trash)		/ /	
	97	Adjusts water temperature for shower or bath		/ /	
	98	Prepares own sandwich		/ /	
	99	Walks to school, playground, or store within two blocks of home independently		/ /	
	100	Cuts soft foods with knife (i.e., hot dogs, bananas, baked potato)		/ /	
	101	Finds correct bathroom in public place		/ /	
	102	Opens 1/2 pint milk carton		/ /	
	103	Picks up, carries, sets down cafeteria tray		/ /	
	104	Ties hood strings		/ /	
	105	Buckles own seat belt in car		/ /	

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cognitive

Age Level	Card	Behavior	Entry Behavior	Date Achieved	Comments
0-1	1	Removes cloth from face, that obscures vision		/ /	
	2	Looks for object that has been removed from direct line of vision		/ /	
	3	Removes object from open container by reaching into container		/ /	
	4	Places object in container in imitation		/ /	
	5	Places object in container on verbal command		/ /	
	6	Shakes a sound making toy on a string		/ /	
	7	Puts 3 objects into a container, empties container		/ /	
	8	Transfers object from one hand to the other to pick up another object		/ /	
	9	Drops and picks up toy		/ /	
	10	Finds object hidden under container		/ /	
	11	Pushes 3 blocks train style		/ /	
	12	Removes circle from form board		/ /	
	13	Places round peg in pegboard on request		/ /	
	14	Performs simple gestures on request		/ /	
1-2	15	Individually takes out 6 objects from container		/ /	
	16	Points to one body part		/ /	
	17	Stacks 3 blocks on request		/ /	
	18	Matches like objects		/ /	
	19	Scribbles		/ /	
	20	Points to self when asked "Where's *(name)?*"		/ /	
	21	Places 5 round pegs in pegboard on request		/ /	
	22	Matches objects with picture of same object		/ /	
	23	Points to named picture		/ /	
	24	Turns pages of book 2-3 at a time to find named picture		/ /	
2-3	25	Finds specific book on request		/ /	
	26	Completes 3 piece formboard		/ /	
	27	Names 4 common pictures		/ /	

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Age Level	Card	Behavior	Entry Behavior	Date Achieved	Comments
	28	Draws a vertical line in imitation		/ /	
	29	Draws a horizontal line in imitation		/ /	
	30	Copies a circle		/ /	
	31	Matches textures		/ /	
	32	Points to big and little upon request		/ /	
	33	Draws (+) in imitation		/ /	
	34	Matches 3 colors		/ /	
	35	Places objects in, on and under upon request		/ /	
	36	Names objects that make sounds		/ /	
	37	Puts together 4 part nesting toy		/ /	
	38	Names action pictures		/ /	
	39	Matches geometric form with picture of shape		/ /	
	40	Stacks 5 or more rings on a peg in order		/ /	
3-4	41	Names big and little objects		/ /	
	42	Points to 10 body parts on verbal command		/ /	
	43	Points to boy and girl on verbal command		/ /	
	44	Tells if object is heavy or light		/ /	
	45	Puts together 2 parts of shape to make whole		/ /	
	46	Describes two events or characters from familiar story or T.V. program		/ /	
	47	Repeats finger plays with words and actions		/ /	
	48	Matches 1 to 1 (3 or more objects)		/ /	
	49	Points to long and short objects		/ /	
	50	Tells which objects go together		/ /	
	51	Counts to 3 in imitation		/ /	
	52	Arranges objects into categories		/ /	
	53	Draws a V stroke in imitation		/ /	
	54	Draws a diagonal line from corner to corner of 4 inch square of paper		/ /	

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Age Level	Card	Behavior	Entry Behavior	Date Achieved	Comments
	55	Counts to 10 objects in imitation		/ /	
	56	Builds a bridge with 3 blocks in imitation		/ /	
	57	Matches sequence or pattern of blocks or beads		/ /	
	58	Copies series of connected V strokes VVVVVVVVV		/ /	
	59	Adds leg and/or arm to incomplete man		/ /	
	60	Completes 6 piece puzle without trial and error		/ /	
	61	Names objects as same and different		/ /	
	62	Draws a square in imitation		/ /	
	63	Names three colors on request		/ /	
	64	Names three shapes, □, △, and ○		/ /	
4-5	65	Picks up specified number of objects on request (1-5)		/ /	
	66	Names five textures		/ /	
	67	Copies triangle on request		/ /	
	68	Recalls 4 objects seen in a picture		/ /	
	69	Names time of day associated with activities		/ /	
	70	Repeats familiar rhymes		/ /	
	71	Tells whether object is heavy or light (less than one pound difference)		/ /	
	72	Tells what's missing when one object is removed from a group of three		/ /	
	73	Names eight colors		/ /	
	74	Names penny, nickel and dime		/ /	
	75	Matches symbols (letters and numbers)		/ /	
	76	Tells color of named objects		/ /	
	77	Retells five main facts from story heard 3 times		/ /	
	78	Draws a man (head, trunk, 4 limbs)		/ /	
	79	Sings five lines of song		/ /	
	80	Builds pyramid of 10 blocks in imitation		/ /	
	81	Names long and short		/ /	

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Age Level	Card	Behavior	Entry Behavior	Date Achieved	Comments
	82	Places objects behind, beside, next to		/ /	
	83	Matches equal sets to sample of 1 to 10 objects		/ /	
	84	Names or points to missing part of pictured object		/ /	
	85	Counts by rote 1 to 20		/ /	
	86	Names first, middle and last position		/ /	
5-6	87	Counts up to 20 items and tells how many		/ /	
	88	Names 10 numerals		/ /	
	89	Names left and right on self		/ /	
	90	Says letters of alphabet in order		/ /	
	91	Prints own first name		/ /	
	92	Names five letters of alphabet		/ /	
	93	Arranges objects in sequence of width and length		/ /	
	94	Names capital letters of alphabet		/ /	
	95	Puts numerals 1 to 10 in proper sequence		/ /	
	96	Names position of objects first, second, third		/ /	
	97	Names lower case letters of alphabet		/ /	
	98	Matches capital to lower case letters of alphabet		/ /	
	99	Points to named numerals 1 to 25		/ /	
	100	Copies diamond shape		/ /	
	101	Completes simple maze		/ /	
	102	Names days of week in order		/ /	
	103	Can add and subtract combinations to three		/ /	
	104	Tells month and day of birthday		/ /	
	105	Sight reads 10 printed words		/ /	
	106	Predicts what happens next		/ /	
	107	Points to half and whole objects		/ /	
	108	Counts by rote 1 to 100		/ /	

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Age Level	Card	Behavior	Entry Behavior	Date Achieved	Comments
0-1	1	Reaches for object 6-9 inches in front of him		/ /	
	2	Grasps object held 3 inches in front of child		/ /	
	3	Reaches and grasps object in front of him		/ /	
	4	Reaches for preferred object		/ /	
	5	Puts objects in mouth		/ /	
	6	Head and chest supported on arms while on stomach		/ /	
	7	Holds head and chest erect supported on one arm		/ /	
	8	Feels and explores object with mouth		/ /	
	9	Turns from stomach to side, maintains position 50% of the time		/ /	
	10	Rolls from stomach to back		/ /	
	11	Moves forward one body length on stomach		/ /	
	12	Rolls from back to side		/ /	
	13	Turns from back to stomach		/ /	
	14	Pulls to sitting position when grasping adult's fingers		/ /	
	15	Turns head freely when body is supported		/ /	
	16	Maintains sitting position for two minutes		/ /	
	17	Puts down one object deliberately to reach for another		/ /	
	18	Picks up and drops object on purpose		/ /	
	19	Stands with maximum support		/ /	
	20	Bounces up and down in standing position while being supported		/ /	
	21	Crawls one body length to obtain object		/ /	
	22	Sits self supported		/ /	
	23	From sitting position, turns to hands and knees position		/ /	
	24	Moves from stomach to sitting position		/ /	
	25	Sits without hand support		/ /	
	26	Flings objects haphazardly		/ /	
	27	Rocks back and forth on hands and knees		/ /	

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motor

Age Level	Card	Behavior	Entry Behavior	Date Achieved	Comments
	28	Transfers object from one hand to the other in sitting position		/ /	
	29	Retains two one-inch cubes in one hand		/ /	
	30	Pulls self to on-knees position		/ /	
	31	Pulls self to standing position		/ /	
	32	Uses pincer grasp to pick up object		/ /	
	33	Creeps		/ /	
	34	Reaches with one hand from creep position		/ /	
	35	Stands with minimum support		/ /	
	36	Licks food from around mouth		/ /	
	37	Stands alone for one minute		/ /	
	38	Dumps object from receptacle		/ /	
	39	Turns pages of book, several at a time		/ /	
	40	Scoops with spoons or shovel		/ /	
	41	Puts small objects in container		/ /	
	42	Lowers self from standing to sitting position		/ /	
	43	Claps hands		/ /	
	44	Walks with minimum aid		/ /	
	45	Takes a few steps without support		/ /	
1-2	46	Creeps upstairs		/ /	
	47	Moves from sitting to standing position		/ /	
	48	Rolls a ball in imitation		/ /	
	49	Climbs into adult chair, turns and sits		/ /	
	50	Puts 4 rings on peg		/ /	
	51	Removes 1" pegs from pegboard		/ /	
	52	Puts 1" pegs in pegboard		/ /	
	53	Builds tower of 3 blocks		/ /	
	54	Marks with crayon or pencil		/ /	

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motor

Age Level	Card	Behavior	Entry Behavior	Date Achieved	Comments
	55	Walks independently		/ /	
	56	Creeps down stairs, feet first		/ /	
	57	Seats self in small chair		/ /	
	58	Squats and returns to standing		/ /	
	59	Pushes and pulls toys while walking		/ /	
	60	Uses rocking horse or rocking chair		/ /	
	61	Walks upstairs with aid		/ /	
	62	Bends at waist to pick up objects without falling		/ /	
	63	Imitates circular motion		/ /	
2-3	64	Strings 4 large beads in two minutes		/ /	
	65	Turns door knobs, handles, etc.		/ /	
	66	Jumps in place with both feet		/ /	
	67	Walks backwards		/ /	
	68	Walks downstairs with aid		/ /	
	69	Throws ball to adult 5 feet away without adult moving feet		/ /	
	70	Builds tower of 5-6 blocks		/ /	
	71	Turns pages one at a time		/ /	
	72	Unwraps small object		/ /	
	73	Folds paper in half in imitation		/ /	
	74	Takes apart and puts together snap-together toy		/ /	
	75	Unscrews nesting toys		/ /	
	76	Kicks large stationary ball		/ /	
	77	Rolls clay balls		/ /	
	78	Grasps pencil between thumb and forefinger, resting pencil on third finger		/ /	
	79	Forward somersault with aid		/ /	
	80	Pounds 5 out of 5 pegs		/ /	
3-4	81	Puts together 3 piece puzzle or formboard		/ /	

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Age Level	Card	Behavior	Entry Behavior	Date Achieved	Comments
	82	Snips with scissors		/ /	
	83	Jumps from height of 8 inches		/ /	
	84	Kicks large ball when rolled to him		/ /	
	85	Walks on tiptoe		/ /	
	86	Runs 10 steps with coordinated, alternating arm movement		/ /	
	87	Pedals tricycle five feet		/ /	
	88	Swings on swing when started in motion		/ /	
	89	Climbs up and slides down 4-6 foot slide		/ /	
	90	Somersaults forward		/ /	
	91	Walks up stairs, alternating feet		/ /	
	92	Marches		/ /	
	93	Catches ball with two hands		/ /	
	94	Traces templates		/ /	
	95	Cuts along 8" straight line within ¼" of line		/ /	
4-5	96	Stands on one foot without aid 4-8 seconds		/ /	
	97	Runs changing direction		/ /	
	98	Walks balance beam		/ /	
	99	Jumps forward 10 times without falling		/ /	
	100	Jumps over string 2 inches off the floor		/ /	
	101	Jumps backward six times		/ /	
	102	Bounces and catches large ball		/ /	
	103	Makes clay shapes put together with 2 to 3 parts		/ /	
	104	Cuts along curved line		/ /	
	105	Screws together threaded object		/ /	
	106	Walks downstairs alternating feet		/ /	
	107	Pedals tricycle, turning corners		/ /	
	108	Hops on one foot 5 successive times		/ /	

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Age Level	Card	Behavior	Entry Behavior	Date Achieved	Comments
	109	Cuts out 2-inch circle		/ /	
	110	Draws simple recognizable pictures such as house, man, tree		/ /	
	111	Cuts out and pastes simple shapes		/ /	
5-6	112	Prints capital letters, large, single, anywhere on paper		/ /	
	113	Walks balance board forward, backward and sideways		/ /	
	114	Skips		/ /	
	115	Swings on swing initiating and sustaining motion		/ /	
	116	Spreads fingers, touching thumb to each finger		/ /	
	117	Can copy small letters		/ /	
	118	Climbs step ladders or steps ten feet high to slide		/ /	
	119	Hits nail with hammer		/ /	
	120	Dribbles ball with direction		/ /	
	121	Colors, remaining within lines 95%		/ /	
	122	Can cut picture from magazine or catalog without being more than ¼" from edge		/ /	
	123	Uses pencil sharpener		/ /	
	124	Copies complex drawings		/ /	
	125	Tears simple shapes from paper		/ /	
	126	Folds paper square two times on diagonal in imitation		/ /	
	127	Catches soft ball or bean bag with one hand		/ /	
	128	Can jump rope by self		/ /	
	129	Hits ball with bat or stick		/ /	
	130	Picks up object from ground while running		/ /	
	131	Skates forward 10 feet		/ /	
	132	Rides bicycle		/ /	
	133	Slides on sled		/ /	
	134	Walks or plays in water waist-high in swimming pool		/ /	
	135	Steers wagon, propelling with one foot		/ /	

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Age Level	Card	Behavior	Entry Behavior	Date Achieved	Comments
	136	Jumps up and pivots on one foot		/ /	
	137	Prints name on primary paper using lines		/ /	
	138	Jumps from height of 12 inches and lands on balls of feet		/ /	
	139	Stands on one foot, no support, eyes closed, 10 seconds		/ /	
	140	Hangs 10 seconds from horizontal bar bearing own weight on arms		/ /	

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REGION II COMMUNITY ACTION AGENCY
FAMILY DEVELOPMENT PROGRAM

PARENT-STAFF CONFERENCE REPORT

DATE:______________ FAMILY NAME:____________________________ CHILD'S NAME:__________

CHILD'S DEVELOPMENTAL PROGRESS

Parent comments: ____

____

____

Teacher's comments: ____

____

____

POSSIBLE HOME ACTIVITIES TO EXPAND THE HEAD START EXPERIENCE

Parent comments: ____

____

____

Teacher's comments: ____

____

____

REVIEW OF CHILD'S MEDICAL AND DEVELOPMENTAL RECORDS. (ANY SPECIAL NEEDS NOTED)

Parent comments; ____

____

____

Teacher's comments: ____

____

____

______________________________ Teacher/Visitor Signature

______________________________ Parent Signature

HEAD START HOME VISIT REPORT

Date: ______________________

Staff Person: ______________________

Family: ______________________

H.S. Child: ______________________

Purpose of Visit: ______________________

Education

Health/Nutrition

Social Services

Parent Involvement

Evaluation: ______________________

Special Concerns/Follow up: ______________________

PE 1/23/81

Disipline

THERE ARE MANY REASONS WHY CHILDREN MISBEHAVE....

They may be asking for our ATTENTION. To the child, negative attention is better than no attention at all. A constant stream of questions or needs after you put your child to bed or while you are visiting with a friend may really be bids for attention.

Sometimes a parent's treatment of a child makes him want REVENGE. "She'll be sorry for that" may take the form of writing on the walls with a crayon when a child has been sent to her room for being "naughty".

Children may see a POWER STRUGGLE as a way to show parents that they are important too, while parents see this as misbehavior. The child who refuses to pick up toys when asked over and over and over by parents, who dawdles over the task and finally wins because the parent gives up and in desperation picks up the toys herself, is engaged in a power struggle. And obviously, if the parent picks up the toys, the child has won.

The child who convinces his parents that he is INADEQUATE or can't do a particular task in order to avoid something unpleasant is really misbehaving too. This is sometimes hard for us to see because the child has convinced us that he really is inadequate.

* * * *

HOW CAN WE HELP CHILDREN LEARN SELF-DISCIPLINE?

PROVIDE A GOOD EXAMPLE.

Children learn to share, to take turns, and to verbalize problems by imitating adults.

DEVELOP RULES THAT FIT THE SITUATION

Take the child's age into account before you discipline.

STATE LIMITS CLEARLY

Let children know what behaviors you expect and what you don't expect. Good communication is the key.

BUILD FEELINGS OF CONFIDENCE

Instead of yelling at a child who has just spilled his milk, help him to learn by saying, "This time hold your glass with one hand as you pour, then it won't tip over and spill."

LISTEN TO YOUR CHILD AND YOURSELF

Do you give your child a chance to talk, to express himself? Do you set an example by clearly talking about problems and their solutions? Do you allow your child to have his way when he is right and you are wrong?

ACCEPT THE CHILD'S DECISION IF YOU GIVE A CHOICE OF BEHAVIORS. Rather than "What would you like to wear today?", you might say, " Which of these two shirts would you like to wear?".

ENCOURAGE POSITIVE BEHAVIOR
Reinforce your child for doing well by recognizing the child's effort. Encouragement is aimed at helping a child feel worthy and appreciated.

GUIDES FOR HANDLING MISBEHAVIOR

BE FIRM AND CONSISTENT. Let your children know that whining or temper tantrums will not affect you.

BE STRAIGHT--SAY EXACTLY WHAT YOU MEAN. Children need the security of limits that are clearly stated. They also need to know the consequences of behavior. Do not threaten consequences that will not happen--"I'll break your leg if you don't come down from there!" really isn't an acceptable consequence for a child who is misbehaving by climbing in the neighbor's apple tree.

CHANGE THE ENVIRONMENT TO CHANGE THE BEHAVIOR. If children cannot sit together in the back seat of the car without fighting, separate them and have one sit in front and the other in the back.

FOCUS ON THE DOs INSTEAD OF THE DON'Ts. Try "Roll the ball on the floor", instead of "Don't throw the ball".

TELL THEM AND SHOW THEM WHAT TO DO AS WELL AS WHAT NOT TO DO. Steer the child towards the sink as you say, "If you need to spit,spit in the sink". This is one way to handle a child who spits at people when he is angry.

PHYSICALLY STOP A CHILD WHOSE BEHAVIOR MAY BE DANGEROUS. When you must do this, be firm but not hurtful. Talk quietly to the child to calm him. Remind him that you will not allow him to hurt himself or anyone else.

ISOLATION. Sometimes it may be necessary to give a child a short"timeout" in his room or away from the activity until he calms down and regains control. Remember to tell him why and make the "timeout" short.

KEEP THINGS IN PERSPECTIVE. Is the behavior just an annoyance or is it really a problem? Is it normal behavior for your child's age or is it very immature? Can you help the child to learn to think of others' rights as well as his own?

MAKE THE PUNISHMENT "FIT THE CRIME".If your child draws in a book tell him that he will be able to use his crayons only when you are able to supervise until he is old enough to be more responsible.

DISCIPLINE IS TEACHING CHILDREN SELF-RESPECT AND RESPECT FOR OTHERS
DISCIPLINE IS ALSO TEACHING THEM BEHAVIOR BASED ON THAT RESPECT

THE GOAL OF DISCIPLINE IS FOR THE CHILD TO
GAIN INNER CONTROL AND BECOME SELF-DISCIPLINED

Parent Ed [redacted] 10/21/

Growing Towards Independence

Infants are totally helpless and dependent on adults both physically and psychologically; but they are also learning "machines", using their senses to take in everything. They will do something over and over again until they learn it well, then go on to something else. Being able to do something well without a parent taking over is an important step toward independence.

THE TERRIBLE TWOS

Many people refer to the two to three year stage as a terrible age. In their reaching out for independence, the young child may say NO to everything. You may hear no to "It's time for bed." or no to "Let's get an ice cream cone.", even as your child is reaching for the cone or falling asleep in your arms. The twos don't have to be terrible. Make them fun by letting your child explore, experiment and do things for himself.

THE TRAUMATIC TEENS

Many of the problems that we have with our teens are caused by their reaching for independence before we are ready to give up our control.

Again we can make this a much more pleasant time by really listening to them and allowing them to make decisions and by being open to learning from them as well as expecting them to learn from us.

Growth is not just a pleasant series of steps forward......every step ahead is accompanied by certain threats, risks and built in dangers. When the infant learns to walk he not only gets great satisfaction from moving himself around on his own two feet under his own power, but also a much greater chance for getting into trouble. When a young child starts to feed himself he gets a real satisfaction from not only doing it himself but choosing what and when food goes in his mouth. But he also runs the risk of an angry parent. This is especially true if a parent expects a young child to be neat and eat everything, even if he doesn't like it. There are both good feelings of accomplishment and the fear of trouble. Normally the effect of these forces is a balance in favor of growth-spurts, then slower periods of doubt and questioning. We see two "selves" in our children. The one that wants to be big, strong, independent and the one that wants to be small, protected, dependent, secure and nurtured by the strength of others. The one self needs new experiences and the other needs things and people to stay the same. Some of the results of this conflict might be crying, tantrums, anger or withdrawl.

Children need to know they are loved even as we let them know that we don't like what they are doing. They need to know their parnets will care for them, even if they make mistakes. Then they will be able to risk making some decisions about their own behavior.

Give them plenty of ATTENTION.

Remember they are NOT LITTLE ADULTS.

ENCOURAGE them to reach out and explore.

PLAN their world to encourage independence....
prepare meals so young children can feed themselves,
allow time & patience for them to dress themselves,
allow them time to pick up toys and clean up spills,
put small stairs in the bathroom so they can take care of their own needs.

=Region II Community Action Agency/Family Development Program=
Parenting Education Bulletin #7

Figure 1

Organizational Structure of EOB's Education Division

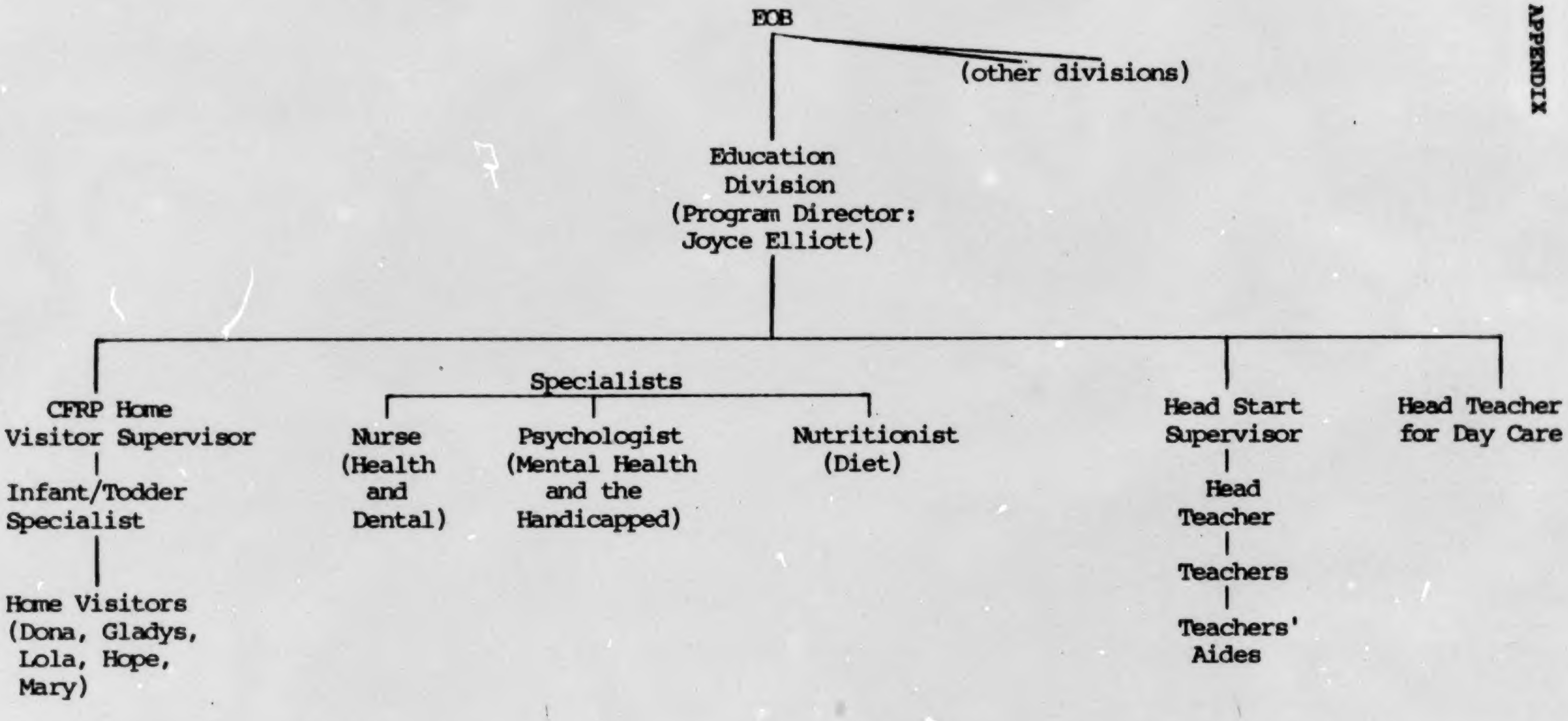

EOB
(other divisions)
Education Division (Program Director: Joyce Elliott)
CFRP Home Visitor Supervisor
Infant/Todder Specialist
Home Visitors (Dona, Gladys, Lola, Hope, Mary)
Specialists
Nurse (Health and Dental)
Psychologist (Mental Health and the Handicapped)
Nutritionist (Diet)
Head Start Supervisor
Head Teacher
Teachers
Teachers' Aides
Head Teacher for Day Care

Figure 2

HEAD START
NEEDS ASSESSMENT
FAMILY SERVICE PLAN

Problem Areas	Strengths and Needs of Child, Family Members or Service Unit as a Whole		Activity Planned for follow-up	By Whom?
	Problem	Strength		
Material: Housing Employment Legal Food Needs Etc.				
Health: Physical Dental Mental Nutritional				
Education: Housing Adult Training Illiteracy School Problems Etc.				
Social: Family Relations Agency Relations Community Problems Et				

7

Figure 3

Family Action Plan

SCHEDULE OF HOME VISITS

____

____

____

____

____

Abbreviations for staff:

HV: Home Visitor
PA: Program Aide
ES:- Education Specialist
HSN: Head Start Nurse
HST: Head Start Teacher
PO: Parent Orginizer
HSNT: Head Start Nutritionist

The Head Start program & family agrees to work on the following:

Service	Beginning Date	Completion Date	Who's Responsible	Follow

(page 2) FORM ED-45

Figure 4
Sample Lesson Plan

CHILD FAMILY RESOURCE PROGRAM

HOME VISIT FORM

Child Noami

Date

Child's Age 7 Months

Home Visitor Gladys Berry

Objective Noami will remove object from open container by reaching into container when ask to do so. I will also find out if Ms. Johnson made dental appointment for Se

Skills Reinforced

"Cognitive Skills" & Fine Motor

Materials Needed Large empty coffee can and several toys.

Description of Activity Show Noami how to take object out of the container by doing it yourself. Say "out" as you remove the object and repeat several times. Then replace the object and point to it and container and say "out" physically guide the child's hand to help her remove the object. Say "good, you took it out." Reward with smiles, and hug or a kiss. Gradually reduce aid to pointing and saying "out." Put object in container and shake to make noise. Point to object in container and shake again. Praise child for removing object from container. 1-12-79

Revised 7/77 Ed # 43

Figure 5

CHILD FAMILY RESOURCE PROGRAM

HOME VISIT REPORT

Additional Family Contact

Name: Sue Smith Date: 7/24/79

Staff Member(s) Involved: All CFRP Staffs are Concerned.

Approximate Length of Contact:

Background Information: (Information necessary to understand reason for this contact, how contact came about, including who initiated contact, scheduled or spontaneous)

Letters were sent to families about poor participation in the P-3 Center Base Activities.

Focus of Contact: (Outline major purpose(s), including which family member is focus of contact)

Find out reasons why family doesn't come to Center Base Activity.

Goals for this Contact:

More active participation in the P-3 Activities. Also general Safety information were sent out to family from last Center Base Topic.

Comments/Impressions: (Follow-up, if necessary)

Parents will contact staff to let us know reasons why they are not attending Center base Activities

(INSTRUCTIONS ON BACK)

ED Form # 116

Figure 6

CHILD FAMILY RESOURCE PROGRAM

HOME VISIT REPORT

Parent's Signature

Additional Family Contact

Name: ______________________ Date: 8-8-80

Staff Member(s) Involved: ______________________

Approximate Length of Contact: ______________________

Background Information: (Information necessary to understand reason for this contact, how contact came about, including who initiated contact, scheduled or spontaneous)

Transport ______ to ______ to get increased income added to Check by filling out more forms.

Focus of Contact: (Outline major purpose(s), including which family member is focus of contact)

Parent

Goals for this Contact:

Fill out forms for increased wages.

Comments/Impressions: (Follow-up, if necessary)

(INSTRUCTIONS ON BACK)

ED Form # 116

Figure 7

Welfare Division

CONFERENCES/HEARINGS

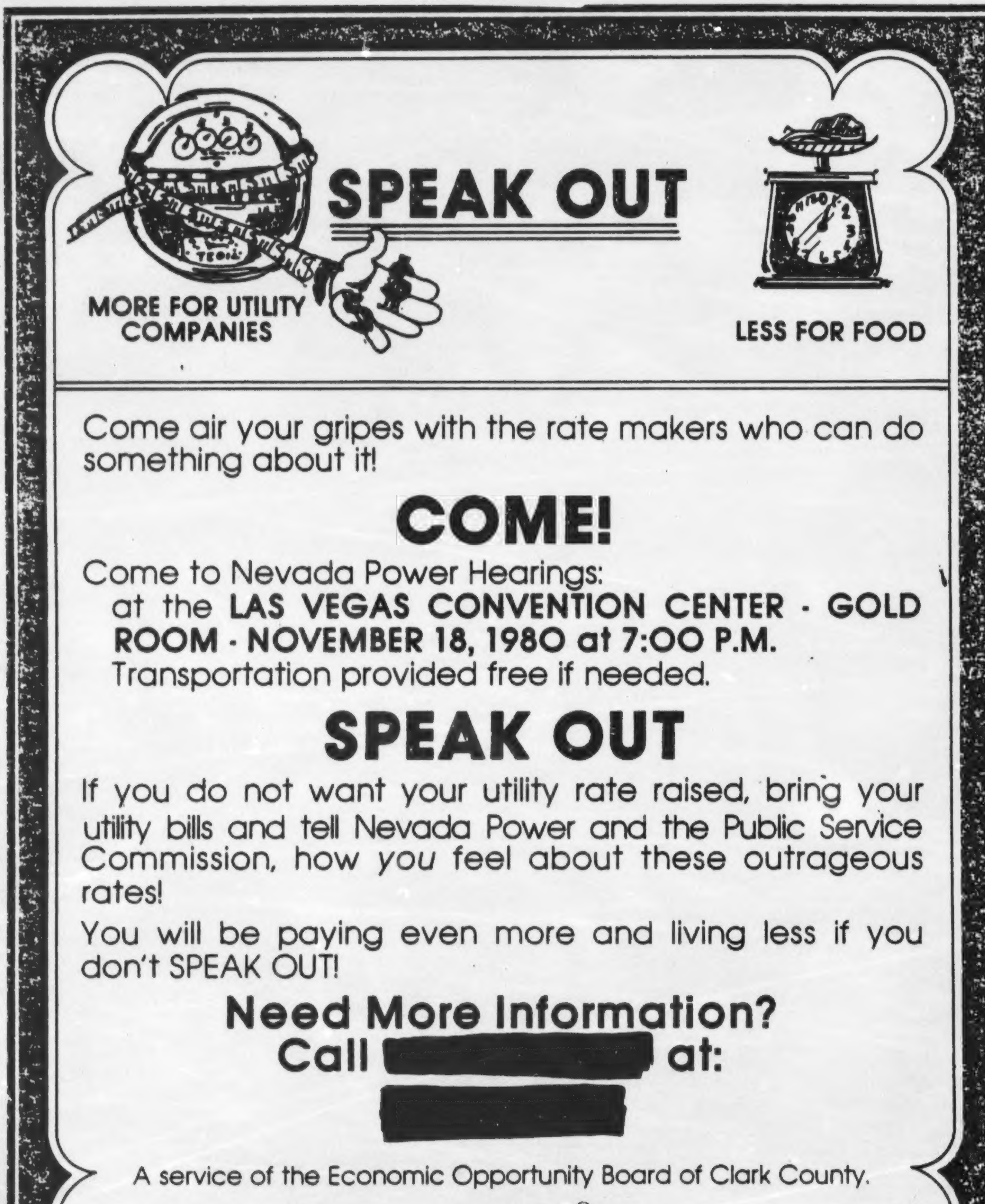
Date: 11/12/78 Office Reporting Henderson

Case Name: Ms. Doris Dorset

CONFERENCE: Mary Mason of the Child and Family Resource Program

Reason Requested: Ms. Mason of the Child and Family Resource Program came into the office re: Doris Dorset and the possibility of her children being removed from her home and taken to the county's Haven for Neglected and/or Abused Children per referral from the Juvenile Court System. Ms. Mason stated Ms. Dorset had been in the Child and Family Resource Program for about 3 years. She assured the conference participants that her agency would continue to provide support services ot Ms. Dorset in order that she may keep her children.

Figure 8



SPEAK OUT

MORE FOR UTILITY COMPANIES

LESS FOR FOOD

Come air your gripes with the rate makers who can do something about it!

COME!

Come to Nevada Power Hearings:
at the **LAS VEGAS CONVENTION CENTER - GOLD ROOM - NOVEMBER 18, 1980 at 7:00 P.M.**
Transportation provided free if needed.

SPEAK OUT

If you do not want your utility rate raised, bring your utility bills and tell Nevada Power and the Public Service Commission, how *you* feel about these outrageous rates!

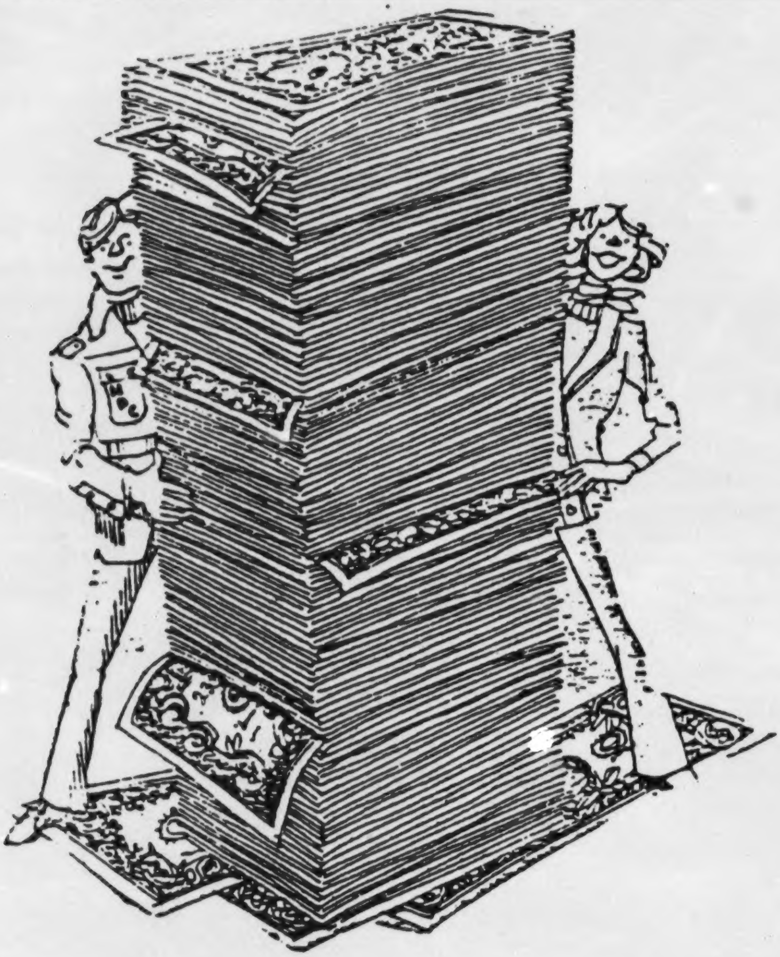
You will be paying even more and living less if you don't SPEAK OUT!

Need More Information?
Call [redacted] at:
[redacted]

A service of the Economic Opportunity Board of Clark County.

Figure 9

! 20.5-MILLION-DOLLAR INCREASE !



NEVADA POWER WANTS YOU TO PAY FOR A NEW POWER PLANT. CAN YOU AFFORD IT? A HEARING IS SET FOR TUESDAY, NOV. 18, 1980 AT 7:00 P.M. AT THE LAS VEGAS CONVENTION CENTER IN THE GOLD ROOM. FREE TRANSPORTATION AND BABYSITTING IS AVAILABLE:

CONTACT [redacted]
CRISIS INTERVENTION PROGRAM

A SERVICE
OF -

economic
opportunity
board of
clark county

ST. PETERSBURG APPENDIX

HEAD START

Child Development & Family Services Project

WILLIAM S. FILLMORE, JR., Director

12351 - 134th AVENUE N. • LARGO, FLORIDA 33540 • PHONE 584-7115

2390 - 9th Avenue South
St. Petersburg, Florida 33712
October 22, 1981

COMMENTS IN PART, ABT ASSOCIATES, INC. ETHNOGRAPHIC STUDY

The report as a whole, I feel fairly accurately reflects the operation involved with this program.

I am uncomfortable with the use of quotes which at times either do not accurately reflect what was said, or the context in which they were given. In on case, our confidential information was inaccurately reported.

The Secretary is now on the second floor close to the rest of the staff. A clerk is to be hired to handle the Head Start work she was required to do last year. (Talk to parents, greet people, answer all phone calls, etc.). This should help free much of her time to work on case records for the CFR Program.

Needs Assessments always occur after the family has been recruited or referred.

Initial assessment referred to here was the initial assessment for ABT, not for CFRP assessment.

While the Home Visitor agrees that the meeting and judgements given of the mother were negative, and certainly discouraging, she did not necessarily agree that she herself was treated as a non-professional, whose opinion was not counted for anything. She did indeed make suggestions about a program for one of the children that was discussed at length, as well as the results of the Denver Screening on the two-younger children.

Head Start does know and is aware of all enrolled children of the CFR Program.

The CFRP Health Service Worker does not make daily home visits.

A Community Action Program under Health, Education & Welfare and Pinellas Opportunity Council

HEAD START
Child Development & Family Services Project
WILLIAM S. FILLMORE, JR., Director
12351 - 134th AVENUE N. • LARGO, FLORIDA 33540 • PHONE 584-7115

ETHNOGRAPHIC STUDY, THE COMMENTS (2)

I read the entire book and was pleased with the findings. CFRP staff members were depicted as very involved in assisting their families with home and center based matters. Some more than others. The essence of the study expressed that all CFRP staff members work for the benefit of each family and the progress of the Head Start/CFR Program.

The study revealed in-depth awareness of the families that the CFR Program serves. I feel that the study was viewed thoroughly and optimistically through the eyes of Ms. Vanden, bearing in mind at the same time that all families have struggled very hard to reach their stated goals and some are depending on CFRP to help or assist them to get over the obstacles which they face from day to day. Each family is very unique in their pattern and lifestyle.

Ms. Vanden really got to know the families she worked with and gained their confidence. There was a warm relationship between them and families opened up and gave much information that will hopefully strengthen our ties and help prove our worth.

The Ethnic study was most interesting and easy to read. In reading the study, I could actually see myself and others through the eyes of someone else. Our work was also measurable. It stated facts of how we work with our families in helping to solve some of their problems.

I am very proud that St. Pete CFR Program was selected to be in the study. Thanks to our staff, and our families for making this study a success.

A Community Action Program under Health, Education & Welfare and Pinellas Opportunity Council

SALEM APPENDIX

SERVICES TO PARENTS IN GROUPS

INTRODUCTION

Salem Head Start/CFRP offers services to parents in groups as an effective method to assist parents through a process that allows them the opportunity to fully understand and internalize their individual choices and to take responsibility for their lives and the lives of their children. Group training and education of parents is based on the belief that human growth depends, in part, on an adult support base, trusting adult friendships, and adult companionship. Group sharing experiences provide parents the opportunity to both give and receive support from peers with similar life circumstances, thus creating trusting relationships with other adults and the opportunity to learn from each other. As parents begin to get their needs met in this way, their personal sense of self-esteem increases and they are better able to be sensitive to the needs of their children. The approach used in groups is different depending on the focus and make-up of individual groups.

Group sessions take place in a large meeting room where group facilitators and program parents sit on the floor in a circle on large pillows, thus creating an informal non-threatening environment which allows for a safe give and take type of experiential learning. Child care and transportation are provided, and are vital to the success of group participation.

Several group training and educational opportunities are offered to program parents. Following is a brief description of services provided to parents in groups.

Family Head Start
2455 Franzen N.E.
Salem, OR 97301

SERVICES TO PARENTS IN GROUPS

I. Parenting/Education Support Groups
   A. Infant Parent Group - parents of children ages 0 - 18 months
   B. Toddler Parent Group - parents of children ages 18 mos. - 3 years
   C. Preschool Parent Group - parents of children ages 3 - 6 (classroom age)
   D. Evening Parent Group - open to any program parent not participating in other parenting/education support groups, parents of children 0 - 6 (mixture of ages)

II. Parent Workshop Training Series
   A. Improving Your Self-Image
   B. Nutrition and Exercise
   C. Single Parenting
   D. Communication Skills

III. Therapy/Support Groups
   A. Jacobson/Craig Group - parents with adult therapeutic needs
   B. Jens/Laughton Group - parents of children with handicapping conditions

IV. Center Parent Committees - parents of children in center classrooms (Auburn, Highland, and Morningside schools)

V. Policy Council - parents elected by parents in individual center committees and infant/toddler groups as Policy Council representatives
   A. Executive Committee
   B. Committees - special and standing

VI. Component Workshops - all program parents
   A. Nutrition
   B. Health
   C. Mental Health

VII. Fun Activities - planned activities which include brunches, potlucks, and holiday parties

PARENTING/EDUCATION SUPPORT GROUPS

All program parents are offered two hour parenting/support sessions. Participation in these sessions is optional and based on individual needs and situations. The purpose of parenting groups is two-fold: 1) To provide appropriate child development information and parenting skill training, and 2) To provide an adult support group for parents. Groups are planned and facilitated by the Parent Trainer with the assistance of a Family Advocate. Make-up of evening parent groups is different, see description. The appropriate Family Advocate is provided group issue-oriented information and does follow-up and individual problem solving with parents on home visits as needed. Four different parenting/support groups meet each week. Group make-up is determined by the age of children so that a focus of appropriate child development information can be addressed. Groups implemented are as follows:

1. Infant Parent Group - parents of infants 0 - 18 months (see 0 - 3 program description)

2. Toddler Parent Group - parents of toddlers 18 months - 3 years (see 0 - 3 program description)

3. Preschool Parent Group - parents of preschoolers 3 - 6 years.

   The Preschool Parent Group meets weekly for two hours, three times per month. Content and format of group sessions is divided into three areas:

   a.) Information on child development and parenting skills (first hour) - appropriate child development information is combined with parenting curriculum to present a complete range of information. Throughout the year the following information is covered: types of play and its importance, physical, emotional, social, cognitive, and language development, communication and listening skills, goals of children's misbehavior and positive behavior. Core of materials used are: STEP (Systematic Training for Effective Parenting) by Denkmeyer and McKay; Your Child's Self-Esteem by Briggs; Footsteps Parenting Program, Development of Intelligence in Young Children by Carew: Parent Magazine film strips; Childhood and Adolescence by Stone and Church; The First Three Years of Life by Burton L. White.

   b.) Parent Support (last 45 minutes) - parents are given an opportunity for personal sharing. This is a time when parents may brag and/or vent frustrations about their children or just share an experience. Through personal sharing parents gain recognition, support, and nurturance from other adults which reduces stress levels and assists in promoting a personal sense of worth and self-esteem, thus improving parent/child interaction.

Parents gain trust from each other through mutual sharing and from this trust develop some natural support systems such as child care exchanges, transportation assistance, and use of community resources. Values clarification exercises are also presented during this time to assist parents in understanding themselves and their values and how parent values affect children.

c.) Fun Activities - approximately four times a year, parents in each group plan and implement field trips and fun activities, i.e. brunches, holiday parties and potlucks, as part of the curriculum plan. Planning fun activities as part of the curriculum plan is based on the belief that occasionally parents need to get away from the every day concerns centered around home and children in order to reduce the parental stress level, thus improving the quality of parent/child interaction.

4. Evening Parent Group - open to any program parents not participating in other parenting/education support groups.

The Evening Parent Group meets once a week for nine weeks. Additional evening sessions are initiated as needed. This group is co-lead by the Parent Trainer and local Boys' Club Personal Services Director. Participation in the evening group is open to parents participating in either or both the Boys' Club and Head Start programs. It is purposefully co-lead by a male and female to encourage participation by couples and men, and takes place in the evening to encourage participation by working parents. Since participation in the evening parent group is not dependent on age of children, there is a mixture of child development information addressed as needed. Format is the same as that of the preschool parent group described previously.

PARENT WORKSHOP TRAINING SERIES

Parent workshop training series are planned, organized, and occasionally facilitated by the Parent Trainer. Subject areas covered are by parent request and change from year to year, depending on the interest and need. Parent workshops take place for two hours once a week and are open to all program parents. Transportation and child care are provided by the program. Whenever possible, community resources are used on either a partial or complete in-kind basis. Head Start staff and program parents have lead workshops from time to time. Following are parent workshop training series planned for 1980-81. There will be a special registration session which will take place one week prior to the start of each series. During this session, content of workshop series will be outlined and parents will be asked to make a personal committment to attend all sessions before they register.

1. Improving Your Self-Image - two hours once a week for four consecutive weeks, taught by Sue Ferguson, owner and instructor of the Cinderella School of Self-Improvement and Model's Agency. This will be a special condensed version of Cinderella School's professional finishing course consisting of 24 lessons covering six basic areas. Training sessions will take place at Cinderella School, using ramps, video cameras, and workbook literature. Subject areas covered by session are:

   a.) Posture and poise
   b.) Personality, etiquette, jobmanship
   c.) Make up and hair styling
   d.) Wardrobing on a budget

   Dates: October 29, November 5, 12, 19, and 26.

2. Single Parenting - two hour sessions once a week for four consecutive weeks, lead by Dixie Dunlap, Head Start Parent Trainer; Jeannie Jens and Eloise Drake, Head Start Family Advocates; and Kit Marsh, CSD Social Worker. Subject areas covered will be:

   a.) Transition stages
   b.) Finding adult support and companionship
   c.) Needs of single parent children (developmental information and emotional needs)
   d.) Balancing your life as a single parent.

   Dates: December 3, 10, and 17, January 7 and 14.

3. Nutrition and Exercise - two hour sessions once a week for six consecutive weeks, taught by Irene Faulkner, Instructor at YMCA. Training sessions will take place at the YMCA and are a special condensed version of the 10 week Slim Living program offered by the YMCA. Subject areas covered will be weight loss, nutrition, diet, meal planning and exercise. Dates: January 21, 28, February 4, 11, 18, 25, and March 4.

4. Communication Skills - two hour sessions once a week for eight consecutive weeks.

THERAPY/SUPPORT GROUPS

Two different therapy/support groups meet in the afternoons for 1½ hours, once a week.

1. Jacobson/Craig Group - parents with adult therapeutic needs.

This group originally started with the focus on parents whose children were exhibiting behavior problems. The group's purpose was to assist parents in dealing with their children's behavior problems. As the group proceeded, parents found that their own personal issues needed to be dealt with before they could begin to effectively deal with their children. Issues that came up most often were parents' own unresolved childhood issues and interactions between themselves and other adults. The group focus changed from children's behavior problems to adult therapeutic intervention, and this continues to be its focus. Group make-up is done through self-referral and Advocate referral, and is limited to a maximum of ten participants. The group is on-going throughout the school year and summer, and is open-ended. There is no curriculum that requires group participants to begin and/or end at a certain time. Participants come in when they need to, and leave when they are ready. A committment of confidentiality is required of each group member. The group is co-lead by the Family Service Director and a local CSD Supervisor, both experienced therapists. Although the group is open to any parent in the program, it is made up mostly of single, female parents. The group is purposely lead by a male and female to provide role models and nurturance from both perspectives and because many of the issues addressed deal with male-female relationships. The group is loosely structured, group members bring up personal issues they want to work on and the group works on them as they come up. In a therapeutic sense, a person going through a difficult personal situation can be assisted quickly by understanding that peers with similar life circumstances have had similar feelings and experiences and have found solutions. Parents involved in the group provide a support network to each other.

The process in this group is an eclectic developmental approach using behavior management, Gestalt, and existential methods as appropriate. Group facilitators serve as catalysts to guide parents through a process in which they can find their own life solutions and take responsibility for themselves. They provide stimulus materials, support, nurturance, and confrontation as needed.

2. Jens/Laughton Group - parents of children with handicapping conditions.

Although subject area emphasis is on parents of children with physical, medical, or emotional handicapping conditions, it is open to anyone dealing with a handicapping condition that effects the functioning of program enrolled family units. Parents of these children have unique concerns and experiences which may separate them from others in the program and community. The focus of the group is to assist parents in resolving their feelings about their child's capabilities, share resources and solutions, and prepare their lives for the next stages in their child's development. In a therapeutic sense, this group is provided with information and support by staff and peers, which creates the opportunity for parents to deal with their feelings and acquire a realistic focus on the potentials of both their children and themselves in their life situations. Content of discussion areas by session are as follows:

a.) Parents' feelings about their children and their own parenting skills;
b.) The family balance - effects on family members;
c.) Their child's feelings about his/her condition; how society reacts toward people with handicapping conditions, and parent overprotectiveness;
d.) Accepting their child's disabilities and abilities;
e.) Resources, working with the public schools, special equipment needs;
f.) Looking to the future with their child - focus on what can be instead of what might have been; preparing child for first grade.

This group is planned as a six week series with a beginning and an end. However, sessions are flexible, depending on needs of group members.

POLICY COUNCIL

Each individual parent center committee and infant and toddler group elect a representative and an alternate to serve on Policy Council. Elected representatives and alternates serve as liasons between Policy Council and their particular center committee or infant or toddler group. They relay information and are responsible for seeing that the parents they represent have input on Policy Council. Time is allotted during center committee meetings and infant and toddler groups for this purpose.

Policy Council meets for three hours once per month and is the decision-making body of Head Start. Issues addressed are funding, hiring, and firing of staff, performance standard requirements, classroom educational objectives, and other items as identified during the year.

The elected officers of Policy Council make up the Executive Committee. Members of this committee are responsible for agenda building and planning council meetings. Past board chairpersons have the option of serving on this committee in an advisory capacity as an ex-officio member.

Special committees are formed as needed during the year. Both Policy Council members and any other interested program parents may serve on these committees. The In-kind Committee is a standing committee of Policy Council. In-kind committee members are in charge of organizing the clothing room and obtaining donated goods.

COMPONENT WORKSHOPS

Head Start component requirements relating to nutrition , health, and mental health are addressed on an ongoing basis in parenting/education support groups, therapy/support groups, center parent committees, preschool classrooms, and advocate home visits. In addition, each of these components are formally addressed at two hour evening workshops once during the year. All program parents are encouraged to attend. Transportation and child care are provided. The Nutrition workshop takes place in November, Health workshop in February, and Mental Health workshop in April.

FUN ACTIVITIES

Fun activities are planned by and for program parents as part of the adult support group concept. Fun activities are an integral part of parenting/education support groups and center parent committees. Fun activities include such things as brunches, potlucks, holiday parties (Christmas, Thanksgiving), and adult field trips. Fun activities allow parents to relax and relate to other adults in a social, nurturing, supportive manner. Breaks from constant parenting requirements assist parents to become renewed, thus improving parent/child interaction.

SERVICES TO PARENTS

As a C.F.R.P. model child development program, Family Head Start enrolls and works with the whole family. Our local goal is to help each family develop to its fullest potential as an effective child-rearing unit.

Family Head Start believes that parents are the primary influence in the life of pre-school children. Therefore, many of our services are aimed at parents, working toward change, growth and assumption of responsibility that will result in improvement of the quality of children's and families lives.

These services to parents are delivered both in groups and individually. Both approaches have advantages and ideally, parents will participate in both.

Staff helps each parent evaluate his/her own family and decide together if their program services will be in groups, individually, or a combination.

Parents in groups have the advantage of peer information and mutual support, comparisons with other family situations, and a group learning process. Content of groups has information that is useful to the majority at the time and will have long-range usefulness for all parents. Often it is valuable to a parent to get out of the home, receive child care and enjoy giving and receiving nurturance in a group. Some parents feel safer in a group. Groups also are more cost-effective for delivering information.

Individual services provide more in-depth, personalized help for parents. These services reach those who are not ready to participate in a group setting. The services can focus on important child and family issues that are not appropriate to group meetings, e.g. budgeting, housing needs, marital problems, or specific child behavior concerns of long-standing. Home visits enable staff to see parents and children interact in their own setting. Some parents feel more cared about in one on one situations. Through Family Action Plan process, staff works with each parent on analyzing parent needs, goal setting, and a plan for carrying out goals.

By using both these processes, the program can provide services to more parents more often, in a way that fits the needs of a variety of persons.

The following pages have more detailed explanations of Family Head Start services to parents, put into a format that breaks the information into policies and procedures.

SERVICES TO PARENTS INDIVIDUALLY

FAMILY ADVOCATE

Family Advocates, working within their assigned case load, serve as the family's trusted advisor, key service coordinator and crisis intermediary.

During their regularly scheduled home visits, the Advocate gathers information from the parent about the family and its members. Using this information, Advocate and parent work together to analyze the family's needs and strengths. Then they make plans to improve family functioning and environment, and to promote the well-being and best interests of each family member. The overall goal which Advocates keep in mind is to make each family the best possible environment in which to rear children. Meeting children's needs and promoting their healthy development are the ultimate tests of the success in working with each family.

In the planning process, Advocates help each family to set realistic goals for meeting family needs, with activities and timelines that are suitable for each family situation. Planning includes these areas: Health, Nutrition, Education, Emotional Development, and Life Support. The Advocate coordinates information and activities with the specialists in these areas, receiving direction and reinforcement when needed.

The planning process leads to a written plan for each family, developed and agreed upon by parent and involved staff. This written plan can be made final by an Advocate home visit, or by a more formal meeting of parent and staff at the program center. Location and format of the Family Action Plan meeting are determined by the family's needs, with the more intense, difficult, or complex planning needs being dealt with by the meeting of staff, parent, and coordinating agencies under the leadership of the Family Services Director.

During the time that the family is enrolled, the Advocate continues home visits, using the Family Action Plan as a primary focus for helping the parent with child and family needs. The plan is revised when needed by agreement of parent and Advocate. Services resulting from the plan include but are not limited to parenting education, family guidance, emergency assistance, and child development/ behavior education.

TEACHING STAFF

Teachers and aides work with parents individually when parents act as classroom volunteers. Parents first receive training as volunteers in Center Committee meetings when they learn the basic expectations of volunteers and they get a chance to become familiar with the classroom setting.

(Teaching Staff - cont.)

When a parent arrives at the classroom as a volunteer, teacher or aide instructs parents on specific classroom tasks. Teaching staff gives parents choices of activities to assist children in a positive environment. Teaching staff models for parents how to work with children. Teachers and aides try to plan activities according to each parent's skills and comfort level -- which can vary from taking a very active role in interacting with children,to getting a chance to observe children at play, or making learning materials available to children.

Teaching staff also work individually with parents during home visits. These home visits give teacher or aide the chance to talk with parents about their children -- the children's testing results, their attitude and behavior in class, and what's happening in the classroom.

Teacher or aide brings activities to parents to use at home with their children, building on what the children are learning in the classroom. These activities are based on the needs and abilities of child and parent. Often the activities are based on what's already in the house, e.g. finding colors, or counting by setting the table.

Teaching staff and parents discuss children's general behavior and ways to deal with problem situations. If an adult counseling question occurs, generally teachers and aides refer the question to the Advocate while letting the parent know he/she has been "heard."

MENTAL HEALTH CONSULTANT

While the Mental Health Consultant usually works through advising and directing staff in a range of mental health concerns, the consultant also is available to meet directly with parents.

These meetings are by request of Advocates and serve a variety of needs including: to brainstorm on complex problems, to help with the planning process, to confront if needed, to provide professional backing to staff working with parents, or to provide professional reassurance to parents.

NUTRITION CONSULTANT

The Nutrition Consultant meets individually with each parent at the beginning of the school year. From this meeting the Consultant gets the information needed for a nutrition assessment for each program child. At the meeting, parents also get a chance to discuss food and nutrition concerns generally.

(Nutrition Consultant - cont.)

The children's nutrition assessments are completed and returned to parents by Advocates who usually do any follow-up needed. The Nutrition Consultant is available to parents upon request, either by phone or by an arranged meeting.

A monthly newsletter tells parents what the Nutrition Consultant does with children in the classroom, and also provides classroom snack and meal information.

Dairy Council Nutrition Kits given to parents through the Consultant give parents written information on basic nutrition needs for family members.

HEALTH COORDINATOR

The Health Coordinator provides health and medical information and nursing services to parents concerned about themselves or their children. The coordinator is available by phone, office consultation, or home visits.

Health and medical referrals are suggested or arranged for parents and children by the Health Coordinator. She also provides basic health education information individually when needed, as well as in parent groups or the classroom.

Records are kept of children's immunizations, and medical and dental examinations. The Health Coordinator and Aide contact parents to help them keep their children's health check-ups and shots on schedule.

SPECIAL SERVICES ADVOCATE

Services to parents of handicapped children are provided during home visits by the Special Services Advocate. The parent receives training on parenting skills, child development information, local resources, behavior management, and the needs of the particular child. Often the Advocate will interact with the child while "mediating" for the parent -- defining and interpreting the child's behavior.

Work with the parent is based on the parent's readiness and willingness to participate. The Special Services Advocate encourages parents to trust what they already know and builds on the parent's skills. Parents are encouraged to learn to be an advocate on behalf of their handicapped child.

TODDLER TEACHER

Special Services Advocate also works as Toddler Teacher with parents of non-handicapped toddler-age children (18 months - 3 years). The work with these parents and children is done mostly in a group setting. However, home visits are made to do developmental testing for those children whose parents are not attending group. Home visits after that are arranged according to the needs of the children and the willingness of the parent. Those visits focus on child development information and activities suitable to the needs of the child which the parent can initiate at home.